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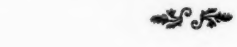

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Announcement of Fellowships in Medicine and Public Health

OFFERED BY THE COMMONWEALTH FUND OF NEW YORK
THROUGH THE PAN AMERICAN SANITARY BUREAU

THE COMMONWEALTH FUND of New York, a philanthropic foundation established in 1918 by the late Mrs. Stephen V. Harkness, announces that it is offering through the Pan American Sanitary Bureau fifteen fellowships for one year's study of public health subjects or postgraduate medical courses to properly qualified persons who are citizens of the other American republics. Fellowships in public health will be open to physicians, sanitary officers, technicians, public health nurses, etc. These fellows will be selected through a system of cooperation with medical and health authorities of the different countries concerned, and whenever deemed advisable they will be interviewed by traveling representatives of the Pan American Sanitary Bureau. Each fellowship will provide living allowances while the holder is in the United States, travel costs, and tuition. Knowledge of the English language will be among the requirements, and also the possession of certain specific qualifications.

The Pan American Sanitary Bureau, the international health agency of the American republics, has been for some time the recognized clearing house for medical and public health fellowships in the United States, nearly 100 Latin Americans now being in the United States under its auspices.

Application blanks giving complete information will be available through the Commonwealth Fund, 41 East 57th Street, New York; the Pan American Sanitary Bureau, Washington, D. C.; or chiefs of American Missions in Latin America.

CRIMINAL PSYCHOPATHOLOGY VOL. 4, NO. 1, JULY 1942

THE PSYCHOLOGICAL INTERRELATION BETWEEN ALCOHOLISM AND GENITAL SEXUALITY

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Despite considerable literature on the subject,[1] the problem of alcoholism, considered psychoanalytically, is no better clarified theoretically than it is solved practically. This is certainly distressing, but the facts tell a tale that cannot be mistaken.

Every attempt to attack the problem of alcoholism theoretically from the side of consciousness is doomed in advance since the explanations usually put forward—such as flight from unsatisfactory reality, disappointment or disillusionment, weakness of will, weariness, etc.—simply amount to taking seriously the patient's own rationalizations and do not explain what *unconscious* motives lurk in the background.

In the larger problem of alcoholism there is a more limited one that has long interested me because of its contradictory character. It is the frequent tendency towards normal and perverse sexual acts noted in intoxication. On the testimony of the alcoholic himself, alcohol operates up to a certain point, varying subjectively, in the sexually exciting manner but beyond that point the effect is sexually debilitating.[2] The question is: Why should this be so—and what connection is there between drinking and sex?

The most superficial explanation, itself also a rationalization, states that alcohol serves as a "narcotic of the conscience." According to this theory, alcoholics have stored up in them powerful sexual impulses

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(1) Cf. contributions by Freud, Abraham, Ferenczi, Brill, Jelliffe, Tausk, Menninger, Simmel, Glover, Hartman, Rado, M. Klein, M. Schmiedeberg, Wulff, Federn, E. P. Hoffman, Daniels, Gross, Bergler, Robbins, Knight, Sperlins.

(2) Cf. Macbeth, Act II, Scene III.

"Macd. What three things does drink especially provoke?

"Porter. Marry, sir, nose-painting, sleep and urine. Lechery, sir, it provokes and unprovokes; it provokes the desire but takes away the performance. Therefore much drink may be said to be an equivocator with lechery; it makes him, it mars him; it sets him on, and it takes him off; it persuades him and disheartens him, makes him stand to and not stand to; in conclusion, equivocates him in a sleep and, giving him the lie, leaves him."

(of a normal or perverse kind); under pressure of the non-alcoholized conscience, these impulses are kept down, but once the restrictions of conscience are lifted, the sexual desire comes to expression.[3] To this view it may be objected that the connection between impulse and defense against impulse appears analytically to be rather more complicated. Between the impulse and its prohibition there intervenes the particular defense mechanism. Thus what appears on the surface is not simply the impulse—even when the defense against it has partly fallen away—but primarily the defense against the impulse in the form of defense mechanism.

The chief objection to the "narcotic theory" is that if it were correct, it should be possible to point out in the lives of these people elements of a strong, though suppressed, *genital-sexual* life. Nothing of the sort is to be found. On the contrary, it can be precisely established from clinical evidence that the typical alcoholic[4] exhibits in general a rather weak and restricted genital-sexual life. This becomes easily intelligible if we keep in mind that the instinctual tendencies expressed by the alcoholic in drinking are of a *pre*-genital, oral character, and not genital.

A third objection to this theory lies in the layman's chronic confusion between sex and aggression. Thus, to take an example, the layman considers a pathological sexual act, which in reality serves as the discharge of aggression under the disguise of sex, to be a veritable expression of sexuality. This is quite mistaken; at best, it might be possible to speak of sadism, which is unquestionably a mechanism foreign to *normal* sexuality, since in normal sexuality *tender* feelings towards the object are dominant. Apart from that, alcohol arouses nothing but aggression in the case of many people. It is worth noting that so significant a portrayer of human beings as Frank Norris in his "McTeague" refers plainly to the aggressive component without so much as mentioning the genital component, due far less to delicacy of feeling or poetical embellishment than to naturalistic observation of facts:

> "The alcohol had its effect for all that. It roused the man, or rather the brute in the man, and now not only roused it but goaded it to evil . . . McTeague dis-

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[3] Many people indeed *deliberately* use drink to remove inhibitions. The efficacy, however, lies rather in suggestion than in pharmacological effect, as appears from the fact that *very small* quantities of alcohol are "effective."

[4] By alcoholic we naturally do not mean a person who drinks occasionally and moderately. We refer to the *compulsive* drinker, the addict, who simply *must* drink. In the diagnosis quantitative elements must also be taken into account. Furthermore, in this paper I deal solely with neurotic and not with psychotic dipsomania.

liked Trina (his wife). She was a perpetual irritation to him." (p. 306, Modern Library edition).

"He drank no more whiskey than at first, but his dislike for Trina increased with every day of their poverty, with every day of Trina's persistent stinginess. At times, he was more than ever brutal to her. He would box her ears or hit her a great blow with the back of a hairbrush, or even with his closed fist. His old-time affection for his 'little woman,' unable to stand the test of privation, had lapsed by degrees and what little of it was left was changed, distorted and made monstrous by the alcohol. The people about the house and the clerks at the provision store often remarked that Trina's fingertips were swollen and the nails purple as though they had been shut in a door. Indeed, this was the explanation he gave. The fact of the matter was that McTeague, when he had been drinking, used to bite them, crunching and grinding them with his immense teeth, always ingenious enough to remember which were the soiest. Sometimes he extorted money from her by this means, but as often as not he did it for his own satisfaction." (p. 309).

We therefore doubt that the psychic structure of the alcoholic is really simple enough to be reduced to the formula of the "narcotization of conscience," with his "suppressed desires" then breaking through to the surface *directly* and volcanically *without* experiencing complicated transformations in the form of defense mechanisms. The question therefore remains: What really lies at the basis of alcoholism?

At this point we come up against a difficulty of the first order. Since the problem remains unclarified, it seems the good right of every author to advocate his own theory according to the principle of "my guess is as good as yours." The question is, of course, to what degree this guesswork can be substantiated clinically.

It has struck a number of analytic observers that what the alcoholic really does is apparently to bring up to a higher level the *unconscious* recollections of the early days of infancy when to drink at the breast or out of the bottle was not only a caloric necessity but also a pleasure. We refer to the child's *oral* phase. The alcoholic apparently returns unconsciously to this phase and the regression is supposed to explain the addiction. So far, so good. The question is merely whether there exists a "pleasant," *direct* return of old desires on the oral level. Do alcoholics really desire, in a form of unconscious substitution, merely to "get" what was once denied them? I question this; I regard it as an error to apprehend the content of the oral regression in the words "I want to get." On the contrary, clinical experience has taught me that these oral patients in their neurotic behavior no longer pursue the fulfilment of their infantile wish—the getting-desire—but are rather set entirely upon *revenge* for the oral denial. (1) Unconsciously, they are constantly constructing and concocting situations in which they are disappointed. (2) Then, so to speak in self-defense, they throw themselves upon their

self-constructed or imaginary enemies with the sharpest aggression.[5] (3) As the final act, they revel in self-pity; expressed analytically, they unconsciously psychically enjoy "masochistic" pleasure.

This triad has been described by me several times.[6] I have called it the "mechanism of orality" and I have assumed it to be pathogonomic for all oral neuroses.

I present first a number of clinical examples of this strange mechanism of self-injury.

A writer who had been recommended to me by another writer whom I had helped through analysis, came to see me and related that he was the author of a book which had achieved great success in years gone by. Since then, however, he had been unable to write. He lived in the country, was extremely poor, and, in addition, was in conflict with his wife. He despaired of his future and wanted to commit suicide, but considered it was his duty to follow the advice of his friend and first try analysis. From his description of his circumstances, an analysis seemed well-nigh impossible, since he lived several hours' distance from the nearest analyst, completely lacked funds, and hence could not think of changing his place of residence. This was further complicated by his unemployment and inability to work. In order not to make him more despondent, I suggested that if he got a job in the city he could come to me for analysis. Upon his insistence, I mentioned a ridiculously low fee, merely as a means of reassuring him. When I inquired about him from the man who had recommended him to me, he laughed and said that his friend had told me the truth but not the whole truth. He had failed to mention that his dilapidated shack had been transformed into a comfortable country house by his wealthy wife, and that they lived luxuriously. Later, when I asked the patient about this, he rationalized his behavior by saying that he had only spoken about himself, as he was ashamed of the fact that his wife supported him.

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(5) Only the feeling of "righteous indignation" is conscious; everything else is unconscious.

(6) "The Problem of the Oral Pessimist", Imago, 1934. "Talleyrand, Napoleon, Stendhal, Grabbe," Internationaler Psychoanalytischer Verlag, 1935. "Some Special Forms of Ejaculatory Disturbance not Hitherto Described," *Int. Zeitschr. f. Psychoa.*, 1934, and *Intern. Jour. of Psychoanalysis*, 1935. "Obscene Words," *Psychoanalytic Quarterly*, No. 5, 1936. "Ejaculatio Praecox," *Psychiatrische en Neurologische Bladen* (Amsterdam), 1937. "Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'," *Int. Journal of Psychoanalysis*, 1937. "Die psychische Impotenz des Mannes" ("Psychic Impotence in Men"), Medical Edition, Huber, Berne, 1937. "Preliminary Phases of the Masculine Beating Phantasy," *Psychoanalytic Quarterly*, 1938. "On the Psychoanalysis of the Ability to Wait and Impatience," *Psychoanalytic Review*, 1939. "Four Types of Neurotic Undecisiveness," *Psychoanalytic Quarterly*, 1940.

We see how the patient used me for the above described "mechanism of orality." He wanted to force me into the position of being in the wrong. If I had demanded a higher fee after the information I had received, he would have become furious at this "injustice," would have pitied himself masochistically, and found that my behavior had made analysis impossible. That he had himself provoked the situation would have remained unconscious.

Another example: The analytic hour of Patient A, who was being analyzed for premature ejaculation, was drawing to a close when Patient B, who had the following hour, called up to say that he could not come that day. Because of a recent illness, A had missed several sessions, so I told him that he might stay longer if he had time, without additional charge, since Patient B had cancelled his appointment. A agreed enthusiastically, acknowledged that it was "very nice" of me to put my spare time at his disposal. As the second hour drew to a close, however, he rose from the couch in a fury and shouted at me: "How can you send me away just when I am about to relate such important material?" The patient was quite taken aback when I smilingly said to him: "I was convinced that if I 'gave' you the second hour, you would use it against me."

A patient was continually complaining about his wife. Above all, he reproached her with "malicious refusal in sexuality." When I asked him of what this malicious refusal consisted, he said that his wife was "completely passive" as to sex. The patient had married a virgin with a repugnance to everything sexual, who theoretically assented to coitus only because, as she said, one had to be "normal." Besides, she wanted to play the woman's part, passive and forced by the man. The patient, on the other hand, expected his wife to take the initiative in coitus, to "seduce" him. When I tried to explain to him that the wish to be forced was typical in virgins, I met with complete absence of understanding. "What do you mean? I am to take the initiative? Ridiculous!" was his repeated reply. When I protested that if he wanted to be seduced he should have chosen an older and more experienced woman for his partner, he replied in an injured tone: "Oh, if the woman enjoyed it, the whole affair would give me no pleasure." Analysis showed that the patient did not really want intercourse. He only wanted to drive the woman, the dispenser, *ad absurdum.* In this he succeeded by means of a simple unconscious trick. Since both partners wanted to be seduced, complete inactivity lasting for years resulted. The patient's wife was still almost untouched when he came to analysis after seven

years of marriage. Unconsciously, the patient identified the sexually inexperienced woman with the "maliciously refusing monster" who denied him pleasure, toward whom, therefore, he could behave aggressively without feelings of guilt. He refused to have intercourse, did not even talk to his wife about sexual matters for years, and pitied himself masochistically because of the "bad luck" which he had unconsciously brought upon himself.

Another patient, coming for treatment for premature ejaculation, told me the story of his life. Filled with rage and hatred, he said that he had continually met with bad luck in all his plans for marriage. The last attempt had failed because of the "malice" of his presumptive father-in-law and mother-in-law, and a "lack of love" in the girl. He, a man of thirty-two, had fallen in love with a girl of eighteen. When the girl's parents made inquiries concerning his financial status, he represented his income as 80% lower than it really was. Alarmed at the prospect of such a "misalliance," the parents, who were calculating business people, rich and rather purse-proud, and who only wanted their daughter to marry money, opposed the engagement and influenced their daughter in accordance with their views. When the patient's relatives heard about this "awkward behavior" of his in reference to his income, they were horrified. They had impressed him that in this connection "it is better to say too much than too little." When I asked the patient why he had not simply told the truth about his circumstances, he answered that he had wanted to "test" his parents-in-law. Unconsciously, he had wanted to drive the girl and her parents into the role of "giving" persons *ad absurdum*, as if to say: "Nobody loves me, therefore I may be aggressive and enjoy my unhappiness." I was able to show that the failure of previous marriage plans had been brought about in a similar manner.

This "mechanism of orality" plays a decisive role with alcoholics.[7] Fundamentally, the dipsomaniac, in drinking, unconsciously acts aggressively towards the mother of his own babyhood; he shows her how much she has injured him. Through a very strange identification with her, he—out of unconscious revenge—fills her up with poison, so to

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[7] It is sometimes difficult to fix *theoretically* the boundary between the pathological and the harmless drinker although the problem can generally be solved *practically*. Theoretically, the distinction might lie in the fact that the pathological drinker mobilizes all of the oral masochist aggression, i. e., basically he acts out revenge and disappointment, whereas the ordinary drinker in essence merely expresses his "getting" desire. In some cases, the varying attitude towards the drink may be used in differential diagnosis: ambivalent or lovingly tender.

speak! Ultimately, the aggression is directed towards the drinker himself, for in reality he is himself the injured one (masochistic component) and only in his unconscious phantasy does he enjoy his revenge on his mother. The psychology of it is that of the boy who says: "It will serve *my mother* right if *I* freeze off my finger. Why didn't she buy me any gloves?"

Here we have an approach to the psychic situation in which the dipsomaniac finds himself. The story these patients tell that they drink in order to escape a "hopeless situation" or "inner emptiness" needs only to be properly interpreted; the patients are actually in flight from the "oral danger."[8] For many of these "misfortunes" and "blows of fate" are unconsciously brought about by these patients themselves. In other cases, the misfortunes are real enough, but the patient unconsciously conceives them as maternal punishment which he answers with oral regression. And again, with eternal monotony, is reenacted the triad we have already mentioned: "I am being treated unjustly—therefore I may be aggressive—and pity myself as well," with the monotonous drinking revenge that follows.

There are no dipsomaniacs in whom this mechanism is not operative.[9] Naturally, there are other factors as well, for every neurotic mechanism is "over-determined," i. e., is made up of various layers. In a psychoanalytic biography of the dipsomaniac poet Grabbe,[10] I have indicated the complexity of dipsomania and I quote the summary of this study:

> Grabbe's alcoholic addiction grew up on the soil of the oral instinct constitution and appeared as a very complex phenomenon. All attempts hitherto made to find the deepest moving force in addiction has not brought us to a solution. That the oral instinct constitution is not enough is generally agreed to. Besides this evident constitutional affinity to a certain drug—(as a series of non--analytic authors have stressed„ an addiction to this drug can develop only in a body responding to this drug with pleasurable sensations; there are individuals, e. g., who react to morphine dysphorically)—there must be something

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(8) One of my dipsomaniac patients, a woman, expressed this very precisely as follows: "Whenever I drink, I am very happy at first, then I feel a deep depression coming on. I continue to drink in order to recapture the initial happiness. Unfortunately in vain!"

(9) The split between "good" and "bad" mother is sometimes to be seen in the fact that the drinker usually has friendly feelings for the bartender, unconsciously identified as the "good" mother, whereas his hostility against the "bad" mother is expressed only intrapsychically.

(10) Chapter IV of my book, "Talleyrand, Napoleon, Stendhal, Grabbe," *Int. Psychoanal, Verlag,* Vienna, 1935.

in addition which is so far unknown to us. Perhaps the psychic attempts to heal the trauma of weaning will give more access to the problem. With this reservation—impossibility of solution of the problem at the present time—we can find the following components in Grabbe's alcoholism: (a) the dipsomania is first of all a *repetition of the oral pleasure* and an attempt to make good the oral disappointment. The alcoholic person gets as much to drink as he wishes, the infantile desire seems realized, the depression lurking in the background and resulting from the denial of the breast seems conquered for the time being; (b) the dipsomania represents at the same time a "*magic gesture*" which shows how the drinker would have liked to have been treated in childhood as far as milk is concerned; (c) inviting others to drink means identification with the "good," orally generous mother. (In each man there is according to Freud the tendency to repeat actively that which was passively experienced). (d) The continuous logorrhea and the bombastic swaggering of drunkenness are also on the one hand products of the identification with the "good" mother, and on the other hand they represent by the partial removal of the forbidding super-ego and early state of *narcissistic blessedness* and the sliding back to the stage of childlike omnipotence to be found in every addiction. The feeble real ego cannot defend itself against the unconscious instinctive tendencies and again and again succumbs to the "temptation." (e) A further proof of childlike omnipotence in the alcoholic results from urethral eroticism. In analysis, I was able repeatedly to establish that alcoholic people enjoy infantile sadistic *megalomania* during the frequent urination produced by alcohol. Significant for this is a disturbance of the time sensation in those people who, without being intoxicated, have the sensation of an infinite space of time during the urination produced by their hard drinking. This megalomania is combined with urethral-anal disparaging tendencies of which Grabbe especially gives us an xample. Thus Grabbe's biographer, Ziegler, gives an account of the following scene:

"I recollect when Hannibal (in a play written by Grabbe) was forced to leave Italy he held a council of war, and while his generals were wisely deliberating he went aside and passed water. 'Wait a moment,' he said disparagingly to those around him, 'I must piss first.' When he really goes away, he first attends to his needs, saying: 'This is my monument that I leave here.' When they asked Grabbe if he really intended to have such things printed, he replied: 'Certainly, and not a single letter shall I cancel.'"

Taking into account the equalization of mother and homeland clearly traceable in Grabbe, this urination expresses the strongest possible aggression against the mother. (Italy was Hannibal's "chosen" country). (f) in dipsomania, there is at the same time an *accusation against* the milk-denying *mother* (to whom the drinker is ambivalent) in some such formula as this: "Look what you have made of me—a drunkard." (g) On the other hand, in dipsomania a *vindictive action* against the phallic mother in a roundabout way by the introjected mother is unmistakable.[11] Psychologically, the drinker is thus not himself but the mother. The injury does not refer to the drinker but to the introjected mother. It is a reversal of the situation: Suckling mother—suckling baby, whereby the mother is filled with "poison" out of revenge. (h) At the same time, we observe an action of *spite* against the mother or the authorities:

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[11] This mechanism is closely connected with the depressive psychotic state, differing from it through the partial introjection. M. Wulff strikingly terms the process in his cases of voracity an "intermediate thing between melancholy and addiction." ("On an Interesting Oral Complex of Symptoms and Its Relation to Addiction," *Int. Zeitschr. f. Psychoana.*, 1932). In the same place, there are references to the differences from this psychotic state and prominence is given to the defusion of instincts.

"One day Grabbe was with some of his comrades in a confectioner's shop, the frequenting of which was forbidden to the pupils, when one of the teachers entered, perhaps to take some refreshment. Grabbe was seized with such a fit of embarrassment and boldness that he on the spot ordered six liquors and tossed off all six in the presence of the teacher." (Ziegler)

(i) The appearing of unconscious homosexual and exhibitionistic tendencies when drinking in men's company is a kown component. This does not refer to "secret drinking" where the above emphasized sliding into narcissistic stages and the indulging in such phantasies is rather to be found.

Grabbe, who originally always drank in men's company, gave it up more and more in later years. From his time in Duesseldorf there are scenes described in which he dreamed throughout half days with the epileptic composer Burgmueller, drinking silently, that is, quietly indulging in his phantasies. Finally, we may refer to the connections between orality and homosexuality. Recent clinical investigations on homosexuality point to the oral basis of this perversion. I refer to my work in collaboration with L. Eidelberg, "The Breast Complex in the Male," Int. Zeitschr. f. Psychoana., 1933.

(j) The exoneration of the guilty conscience when drinking is attained in various ways. When drinking in company, it is accomplished by getting others drunk, therefore by making them guilty also; further, by the real self-injury caused by drinking, in the subsequent hangover, self-reproaches, being despised by one's fellow-beings, etc.

"First poverty and later on domestic affliction pushed the unfortunate Grabbe to seek cheer and oblivion in inebriation and at last he may have grasped the bottle as others the pistol to put an end to this wretchedness. 'Believe me,' a naive Westphalian compatriot of Grabbe once told me, 'he could stand a good deal and he did not die because he drank, but he drank because he wished to die; he died of self drink." (Heine, "Memoirs").

Let us remember that Grabbe himself spread the rumor that his mother had taught him to drink as a suckling baby and as a boy. I consider this rumor to be only a psychoanalytically explicable act of revenge against the mother who had weaned him; it is a phantasied clinging to the mother's breast, making the mother guilty of the fact that he is a drunkard out of revenge for having been weaned. The aggressive instinctive energy gathers strength from the disfusion of instincts occuring in every addiction (Wulff).

The connection of dipsomania with the milk-giving mother becomes clear if we think over analytically the following scene described by Ziegler:

"In 1829-30, Grabbe had broken his arm during a sleighing party and let himself be cured at the home of his parents in the prison courtyard, where he remained at this time. While we were sitting there, it occurred to Grabbe we might wish to smoke a cigar and taking out a bundle he offered some to us. The acquaintance at my side thanked him and said to tease Grabbe: 'I know you don't like us to take one; that is why you waited so long.' At this, Grabbe took the bundle, grinding it on the table so that all the cigars were spoiled. 'Look here is that is what you think!' 'I knew it,' said my neighbor and began laughing, and Grabbe felt ashamed. When this had happened, Mrs. Grabbe's cat sprang on the table and took the liberty of licking the milk-pot with its little red tongue. Seeing this. Grabbe in his excitement immediately grasped the inkstand on the table and emptied it on the cat, which really got a good deal on its coat and then made great mischief. Leaping on the beds, the cat made great black stains in several places. Grabbe's mother grew very angry, hurried by to avoid still greater mischief and could not refrain from giving vent to her anger by some vehement expressions against her son. 'What fooleries are these,' she exclaimed in her Low German dialect, 'you are a very stupid boy.' But he did not get out of countenance. 'Of course," he said, 'that's not my fault!' You *old cat*, cat, cat, you drink now!' With that he

seasoned a cup of tea with rum and sugar for his mother and then she was naturally obliged to pardon her spoiled son once more."

Here the identification of mother and cat is evident as well as the ambivalent attitude of the son to her. Significant is Grabbe's excitement at the drinking of the milk: all oral people partly wish to "receive something" (really meaning the overflowing breast) and are extremely intolerant against "giving." An exception is the situation in which the orally fixed or regressed person identifies himself with the "good" mother.

(k) Finally, it may be pointed out that drinking represents to the orally regressed a kind of substitute for sexual satisfaction because the normal expression of their unconscious pregenital wishes by reason of their structure cannot be satisfied by means of the genital apparatus which is not made for this purpose. Under the influence of analytic insights, non-analytic observers have also pointed to these facts.

(l) The already stressed clinging to infantile ideas of omnipotence, joined to feebleness of the ego, condition the imperative craving of the drinker to "have immediately" (Federn). The tendency to insist and himself to suck fast in the oral character has been stressed by Abraham. Alcohol gives the possibility of the supposed realization of these hopes. Inebriation is also a kind of "neurotic lasting pleasure" (Pfeifer), at least a protracted satisfaction lasting for hours in contra-distinction to normal sexuality culminating in orgasm.

To sum up, we may say once more that I think the point of the different attempts at repairing and overcoming the trauma of weaning[12] to be one of the most important—perhap sthe most important—components in the counterpoint of unconscious motives for alcoholic addiction.

I consider point (g)—revenge on the phallic mother—which has many points of contact with work of English analysts, also to be of great importance. The disappointment at not being able to attain the aim striven for lead to taking revenge on the pre-oedipal mother (identified with the outer world) because of not being loved, and to consequent special forms of alcoholic addiction.

Let us now, after this digression, return to our original subject: How to fit the genital sexuality of the "oral" dipsomaniac into the total picture?

Let us take certain clinical examples as a starting point. A dipsomaniac patient lived on his wife's money. Sexually he was completely uninterested in her; otherwise too his genital sexuality seemed to play a subordinate role. Only occasionally did he treat himself, *using his wife's money*, to the luxury of hunting up a prostitute where he would get drunk and have intercourse. It was clear that the decisive point was revenge on his wife—he used her money to pay for the prostitute and the alcohol! He could not, however, explain why he was pursuing his wife with such hatred; unconsciously he was identifying her with the "denying" mother of his babyhood.

Another patient was very gay and adventurous while drunk and

(12) Cf. Bergler and Eidelberg, "The Breast Complex in Man." *Int. Zeitschr. f. Psychoana.* 1933.

in that situation would attempt to seduce her sexually utterly uninterested husband, in which she seldom succeeded. She herself was entirely frigid, but she experienced—as she herself put it—a "perverse satisfaction in draining my husband against his will."

A third patient when intoxicated was first in a pleasant humor, then deeply depressed. In this stage, she would oscillate between weeping and aggressive reproaches against her husband, whom she accused of lack of love and sexual neglect. But if he attempted to satisfy her sexually she proved frigid—and insatiable.

A fourth patient when drunk was first aggressive towards the people around him whom he would provoke and insult. Alone with his wife in this alcoholic condition, he would tell her that he was completely "through" with her and would revile her for her alleged stinginess and extravagance. He was seldom capable of coitus, and when he did engage in intercourse he would call her by another woman's name, which deeply offended her.

A fifth patient denied he was a dipsomaniac. He explained his frequent excesses in drinking by asserting that he wanted to "drink in courage" to demand urolagnistic practises from the prostitute. In truth, he never ventured to express this wish; he was, in part, impotent and unsatisfied.[13]

This revenge motive creates some scepticism about the genitality of the dipsomaniac. But the actual context is even more complicated. Grotesquely, genital coitus is employed by these patients as a "moral alibi" for the even more dangerous oral aggression. Let us not forget that the basis of neurotic oral aggression is murderous revenge. Even under pathological conditions (with the exception of lust murder), genitality requires an affirmative and let-live attitude towards the object. Accordingly, these patients unconsciously *employ genitality as a device to save themselves from oral murderous phantasies* on the one hand and self-destructive masochism on the other. It is therefore possible to say that *alcohol does not in any way enhance genital sexuality but on the contrary reduces it.* What alcohol does provoke among oral neurotics is oral revenge phantasies, or rather murderous phantasies, against the mother or women unconsciously identified with her. As a defense against these murderous revenge phantasies genitality is affirmed as a life-affirming defense mechanism. How poorly this defense mechanism

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(13) E. Bergler, "Zur Problematik der Pseudodebilitat" ("On the Problem of Pseudo-Mental Deficiency"), *Int. Zeitschr. f. Psychoana.*, 1932.

works in most cases may be seen from the fact that the coitus of these patients is permeated with aggression or else, in the later stages of drunkenness, no longer succeeds at all.

This dipsomaniac utilization of *coitus as "moral alibi"* is one of the most fantastic facts in the unconscious psychology of dipsomania. It turns upside down, so to speak, all customary and recognized moral notions. Let one but think of the widely current conception that alcohol is dangerous because it is sexually exciting. The combination current in all languages, "Wine, Woman, Song," is to be explained in this way. And yet wine and woman have a very different significance in the unconscious psychology of the dipsomaniac!

Once attention is drawn to the revenge mechanism[14] among dipsomaniacs, it becomes clear how unvaried this mechanism really is. I have had complete success with Freudian psychoanalysis in a number of cases of dipsomania. Unfortunately, dipsomania is a mass phenomenon and only very few can afford an analysis lasting a year or two. Nor are there enough analytically trained psychiatrists attached as permanent house physicians to institutions to be able to treat large numbers of these patients. Furthermore, the time that must be placed at the disposal of patients is so great that analysis on a mass scale is really out of the question. With a certain depression of spirits one must face this hopeless situation, and I cannot but agree with a socially conscious dipsomaniac patient of mine, since cured, who said ironically: "What's the good of knowing that analysis can cure dipsomania if doctors and means

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[14] I have deliberately quoted such writers as Frank Norris because they instinctively and in a somewhat exaggerated way express thoughts that are normally deeply repressed. Thus, e. g., Trina's pathological stinginess, which leads her to show her hungry husband the door, is simply an unconscious representation of the child's phantasy that the mother is letting it "starve," or is indeed devouring it, as fairy tales, e. g., "Hänsel and Gretel" show. In reality, mothers are neither cannibalistic nor do they always refuse; on the contrary, they are loving and devoted. In these stories and in the unconscious phantasis of oral patients is to be found a projection of the aggressive desires of the child itself who reacts with hate-laden biting aggression to the withdrawal of the breast (M. Klein). Thus, for example, McTeague murders his wife out of revenge after he had in his drunkennness often *bitten* her fingers, which obviously have a symbolic meaning. In the case of another writer whom I have mentioned, the dipsomaniac Grabbe, these biting phantasies found clear expression in a number of his dramas and satires. Especially significant is his fairy tale play "Cinderella." There the fairy queen places at the disposal of the heroine, Olympia, an extraordinary domestic staff: the *coachman* is a metamorphed *rat*, the *lady's maid* is a bewitched *cat*. The maid wants to seduce the coachman but the latter is afraid of being devoured:

"Fairy Queen: The beautiful maiden frightens you? You will yet one day take her to wife.

"Coachman: So that on the morrow of the wedding night I will lie not beside her but in her belly . . . "

are lacking to apply it on a large scale? This situation reminds one of the case of the small town which was briefly visited by a famous diagnostician called in for consultation. People went on dying as usual, but now they at least knew the reason why—he had no time to cure them!"

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THE ASOCIAL NEUROSIS*

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Classical neurosis may exist alongside successful sublimation arising from the self same determinant, but only if its functioning gives rise to distress. Thus while healthy instincts of aggression may be responsible alike for the good surgeon and the good violinist, neither should show a conscious sense of guilt or suffer from manifest neurosis. However, with less successful adaptation and in weaker individuals, unresolved latent aggressiveness may find outlet as neurosis, i.e. in antisocial behavior in various degree, (from petty larceny to prostitution, murder, etc.), or be turned back on self in the form of impelling need for suicide, as we have previously illustrated. The potential thief, potential prostitute, potential murderer, and (now) potential revolutionary are found to stem from similar psychological stock. Pathological asociability is more benign, but with consequences more disruptive and ultimately of more concern to the patient than to his environment. We deal here with the Asocial Neurosis in the individual.

Our language is rich in words descriptive of veiled aggression manifest in antisocial conduct (from 'Anger' to 'Wrath') yet clinical experience shows how infrequent is the presence of neurosis in connection with them provided some outlet is permitted. This perhaps suggests at once the extent and normality of such a component of instinct in the lives of men. We have only to think of hundreds of Aggression words e.g. aggressive words like 'animosity, belligerency, contempt, defiance, enmity, fury, gnashing, hostility, homicide, hatred, hurt', etc. through 'punition, quarreling, rage, slaughter' etc., to 'unruly, violence, war' and worse in any tongue to realize that aggressiveness is no isolated phenomenon, but fundamental in man's character, and hence in his (very imperfect) vocabulary. The very verbalizing of such aggressive words generates heat and hate.

When an individual is confronted with an uprush of such primitive feelings of veiled aggression and works it off flagrantly, defiantly at the expense of society in some sublimated form, he should derive

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legitimate satisfaction. But if this is worked off so inadequately as to cause him tension, distress and guilt, he is the subject of neurosis, a form we would designate as Asocial Neurosis. It is characterized by the combination of delight in antisocial conduct with abhorrence at its expression. From this conflict anxiety is generated, with symptoms manifest to others in sweating, blushing, facial congestion, rigidity and failure, and to the patient in tension embarrassment, perplexity and discomfort. This occurs whenever the self struggles against betraying an overwhelming impulse of hostility in situations of otherwise good friendly relationship and constitutes for him an anxiety situation.

Thus the pleasure he unwittingly derives from hurling an insolent defiance against a sheepish audience conflicts with his reactive guilt. This is resolved by his sense of outrage, itself responsible for the anxiety. This social occasion may precipitate it in the form of a sudden uprush of unreasonable anger or judge on, hate and vituperation, invective and cruelty, obstinancy and indignation, ill-timed irony and vindictiveness or else arrogance and contempt etc. These all represent different aspects of intemperate defiance of the world, usually under the rationalising guise of moral purpose, or as legitimate opposition and righteous indignation or in the course of professional service etc. situations where deeper hostility and antisocial feeling strive for expression. It is seen also in that fine scoffing disdain assumed by some neurotics; the spurning and shunning, their loathing and repudiation, the avoidance and superciliousness—the scorn as they turn their backs on society. The sublimation is complete where the entire complex seeks public outlet in socially acceptable form, so that neither artist nor audience, doctor nor patient are aware of the aggressive intent. If the performer is partially aware of this and by reason of embarrassment and guilt, develops fear, the way is prepared for neurosis.

Thus where acute hostility arises in the individual only in situations of contact (and conflict) with society the reaction constitutes the Asocial Neurosis. This may be compared to Schilder's "Social Neurosis" characterised by distress and bashfulness, stage fright, blackout and forgetfulness and the urge to recoil from society. The Asocial Neurosis on the contrary shows too much consciousness, an increased need to foist self on Society to antagonize it and secure its critical attention. The 'Social Neurosis' is not being used here in Burrow's sense, and strictly speaking this should reflect the sickness of society. In minor forms the Asocial Varient is observable in the every-day behavior of the individual verbose (but not always alcoholic) who inflicts himself, or

his conversation, on any who will listen, an arrogant impertinence and personal vindictiveness that covers a pathetic need of reassurance, by monopolising someone's attention and all the time and space available at his command.

In the Asocial Neursois (or better Anti-social Neurosis), largely carried out at the expense of self, the individual feels a resolute defiance toward the world at any *testing out situation* (such as a public performance) mobilising, making demands on and releasing his aggression, while at the same time calling for the *mastery* of such aggression, i. e. a minimal release of antipathy and a maximal amount of good will at any situation making considerable demands on his virtuosity and interpreted as a challenge to his personal integrity; hence the anxiety. He may react to this displacement of affect. Thus the Asocial neurotic, be he the visitor at a party, the guest at a meeting, the performer at a concert, tends to interpret the atmosphere, the psychic continum <of space–time–occasion> surrounding him, as pertinent only to himself, and senses it as friendly or hostile, on the strength of his current identification. At best he may feel an arrogant indifference or resent, or be bewildered, imitated, exhausted and upset; at worst he unwittingly struggles against its realization.

In a classical instance of Asocial Neurosis there is always perplexity, strain and suspense, but no stage-fright, no forgetting, no fear of failure ("doing badly") but only marked tension, anger and scorn displaced on to the occasion, or later transformed into *fear* of the situation; e.g. of his position in space. Thus (in the case under consideration) fear of precipitating self from the platform, during a performance, fear of the darkness and void in front of the stage, and (of especial significance), fear of *being drawn* into the crowd and the void beyond, (i. e. terror of the space and the vastness of the theatre etc. yawning before him) or else–fear of the *space between* the two. This 'space panic' often goes with *time* apprehension, e.g. fear of being late, missing the beat, and a pre-occupation with Time itself, and if found (as is frequently the case) in concert performers, the *space-time* complex takes on an added import and calls for endless agitation.

For the light it may throw on antisocial behavior in general this study of Asocial Neurosis has been selected, an aspect of the larger rubric of obsessional and paranoidal personality, and found in all with projected grievances against society.

Presentation of a Case*

FACTUAL DATA

Personal Data. The patient is Flemish, Catholic, 32 years of age, married with two children; but now separated from his family, a first violin in a well known orchestra. When he presented for treatment his complaint was Vertigo and Apprehension. He was in danger of losing his post in the Orchestra through storms of anger and agitation. He had developed fears of emptiness of the hall (of the dias) and of heights with impulses toward self-precipitation therefrom. There is no family history of nervous disorder. He is of superior intelligence. He was assessed at first interview as being suspicious in Character, regulative in Constitution, surgent in Temperament, and poised in Mood; also affective in Function (he was a thinking introvert), cryptic in Attitude and inflexible in Thought. Further, his instinctual dominant was aggressiveness and rebelliousness; the Recessive feature. Such traits as the following seemed to apply: "Morose, precise and abstemious, vindictive, orderly and restricted; ambitious and vain." He complained of various physical distresses though he appeared to be in very good health and gave no history of disease or mishap. During the therapy neck boils and abscess at base of spine and cramps developed at crises. He had certain acute physical distress signs at session in company and after dreams (perspiration, flushing, 'blackouts', rigidity, palpitation etc.). It required superhuman skill, he claimed, to overcome the anxiety involved. E. g. he came in last at concerts to avoid the agony of time delay; he sat away from the edge, he forced himself into danger situations. A fear of the sternness of his musical conductor further accentuated the situation. He dislikes anyone getting the better of him, is in awe yet envious of the distinguished, and jealous in seeing others happy. He feels inferior and is "defeated before he starts."

UNCONSCIOUS UNDERTONE

Personal Data. The patient is obsessive, a brooder, emotionally infantile with latent homosexuality and a rationalist. There was noted at early interviews an enormous self-deprecation and reticence along with an overevaluation and aggrandisement of the self and the family, and a contempt of society amounting to absurd arrogance. He gave an imposing list of 'social envy' symptoms, an unreasonable disdain of company, and indifference to approval, a peculiar stiffness and hesitancy, or escape in revery. He had fear of abstract things, such as *suspense, immobilisation, attenuation* and the *infinite*, of which he gave examples: also fear of emptiness and of desertion, of brightness and of *silence*. He mentioned actual situations (slopes and heights) and how this was followed by an urge to precipitation, all with a resultant distress from vestibular sensations if forced into them. Here was pathological rumination, also a rising crescendo of accusatory thoughts of cowardice. His cultural background seemed to play some part in coloring and influencing the thought content (i.e. the religious theme and metaphysic preoccupations) and his capacity for dramatisation and elaboration of phantasy and symbol, his emotional prowess and macabre instances were culturally determined.

Home Life. It was learned during analysis of the great parental scholastic expectations and his own pride as the youngest child, he had early unaccountable distress and sensations on being lifted, restrained or rocked. This extended to rocking *objects* or any monotonous rhythmic movement. His mother relationship complicated much of his life (as was later manifest).

In Infancy perfect bowel control and habits were secured at an early age, the mother watching over him. No serious

*The presentation for convenience gives actual material, conscious memory, responses to questioning (initial interviews) in left column and analytic emergents or inferences only, in the right column. (It is not free association).

Home Life. It was learned from his statements that he was the youngest of 3 children; one sister to whom he was devoted had married; the mother had died 7 years ago. He withheld signs of grief. They were mutually attached to each other. Mother was a meticulous, petty, personality; a strict yet sweet driving perfectionist. anxious for her son's success as musician. He recalls little of his infancy. He was an infant prodigy, played the violin age 4, and won countless prizes and concert notices at an early age. (9 yrs). Mother was very protective of his mental and physical welfare. (E.g. he must not wrestle or box for fear of injuring his hands). She set high moral standards as they were strict Catholics. He had trained earlier for the Bar in deference to father but never practised. He gave public concerts and taught privately.

FACTUAL DATA

TRAUMATIC SITUATIONS

Actual traumatic incidents that were on the fringe of consciousness are given here as volunteered (irregularly) in the course of analysis rather than in response to the initial questioning. They appear significant because of their terrifying, emphatic character and the residual emotion to the patient.

Age 3...."I was a good natured child....I have never been able to show anger....I just cannot fight....no one can rattle me easily." Nightmares occasionally.

Age 5....being inverted and carried upside down by father; of being in a dark museum with armour, still objects in an endless gallery with no escape, and losing sight of the mother; of crying spells of sadness, and if lonely creeping under parents' bed for security.

Age 6....first time witness to some sexual activity at Godmother's house.... Loss of prized toy bear and refusing to be comforted; swings and roundabouts as sources of acute distress and dizziness.

Age 7....being in a dimly lit studio surrounded by heads, oriental masks and parts and losing sight of mother (fear of desertion); of being taken across illnesses and but two accidents (skin wounds by sharp objects) noted as traumatic experiences.

In Childhood from earliest times the patient harboured a certain resentment against the world as embodied in the father, uncle, the priest, or surrogate figures. He wanted to be liked, noted, appreciated yet shrank from attention. The genesis of his antisocial feeling lay in this resent and fear of being cut off from people if unfriendly. The utmost in conduct and output was demanded of him in keeping with the mother's ideals (and his own). He treated the world as despicable and blamed things on his pals; was constantly enraging them, yet refusing to fight (having to guard his violin fingers from harm). He had few girl friends and delighted in his own company.

UNCONSCIOUS UNDERTONES

Age 5....*Lifting*—"Always a sword of Damocles is held over me", a fear of suspense, disequilibrium etc. Infantile fears of being lifted, swung, inverted, suspended or immobilised or extrajected as fears of all *objects* suspended, awkward, ill-adjusted or threatening; i.e. image of his own hostility. He deals by exorcism with his destructive impulses and the dangerous tensions inherent in flatus and stool. All his mechanisms have an anal quality.

Age 6....*Rape Theory*—Positive identification is only with feminine aspects of Nature; the mother; hence his sympathy when his country is "raped and assaulted;" with the landscape....too beautiful to be defiled—with precious cathedrals and "lovely antiquity."

Age 8....*Violence*—Negative identification is always with men viewed as bad and hostile: hence, his guilt over the dark and the unknown; the terror of the stranger, any who threatens violence. He bespeaks now no ambition for his son; only himself and father are themes of discussion.

Age 9....*Flight*—Vestibular sensitivity finds explanation in extrajection on pregenital levels of unbearable internal tensions; i.e. identification is with 'inner

a cemetery at night; fascination of shadows.

Age 8....forced into deep water by father to learn bravery for swimming.

Age 9....seeing a carpenter in an epileptic fit, recalls the cry and frothing, the fall and helplessness; the grandmother laid out for burial; the stillness terrified but he betrayed no emotion; the terror of gymnasium practice and somersaults and insecurity; the visit of a circus and caged lions to his town, fear of brutes under control; costiveness at this time, the habit of the 'lavatotry library'.

Age 10....visits to dentist and undue apprehension of pain ever since.

Age 12....father's iron will and aloofness and no satisfying him.

Age 15—Operation on "cyst of eye" ....Storms of puberty, nobody informing me or helping; sex a forbidden topic.

Age 18—Still seclusive at home—"acting like a child." No one encouraging independence; early feelings of sexual inadequacy.

Family Life

The Family is of peasant stock but of good intellectual caliber. The mother showed from earliest recall, it would seem, strong obsessive traits of preciseness, and pathological expectation, impossible idealism. She was moralistic and ritualistic, as has already been mentioned. She had few friends and was devoted only to the patient, shielding and tethering him and resenting all his girl company. He lived for his music. The father was distant, aloof, easy-going, passive and unsympathetic. The patient felt aggrieved and rebellious towards him and all authority from late puberty. His pride needed inordinate admiration and encouragement and his vanity constant reassurance. He resented criticism. He preferred a feminine audience. Some girl cousin attachments are remembered chiefly for their intellectual compatibility but also for sex play. Uncle figures play little part. His growing years revealed no drinking, card playing or promiscuity; an abstemious correct atmosphere in home, a respect for the priest and loyalty to

Family Life

The family is aggrandised to noble proportions and the mother is idealised to a saint. Patient regrets the hours spent on violin practice when other boys were at play. He recaptured early memories of sex adventures on the part of a nurse girl and his flight in panic; also his overhearing the secrets of the parents. He again showed marked sensitivity to being swung, or insecurely supported, as "if the bottom had fallen out of the universe" and dislike of inclined planes or climbing; an exaggerated fear of cruelty in any form especially toward animals; he had hyperosmia to odors. A natural keenness for all sports and adventure not involving his dexterous fingers still was present. He showed a ready identification and self-realization in fairy stories that took on a dramatic significance for him. Also his precocity in speech and in reading, writing and epistemophilic trends were remarked on. An early extrajection capacity (centering round flatus and feces and inside 'happenings') was clearly present. Absence of any reference to deep

spaces,' part objects and somatic processes, prior to fear of time and space.

Age 18....*Crisis*—Extrajection finally takes on a social aspect; e.g. infantile fear of loss of position in space becomes loss of *economic* position; of being suspended over the bath (suspense), fear of being kept waiting (*suspense*); swaying of supportive knees, as of swaying of *reason;* collapsing of tension (breath hold) as collapse of *pride,* etc. He reacts to inner anxiety entirely by projection mechanisms, as his metaphors show: "a huge doubt is at the root of all....ideas germinating inside me ....terror looms large....self-struggling with unbearable anguish." Thus all these symptoms derive from unsatisfied anal masochism, and result in his neurosis, (pathological brooding and dubity, vacillation and curiosity; exquisite sensitiveness and self-torture till "one feels whacked like a beaten dog)."

church, which is still adhered to. Claims he had early understanding of sex differences and biological interests and at one time wished to be a doctor. His sympathy with animals relates to the accidental drowning of a favorite cat.

School Days—Exemplary scholarship, facility of learning, love of language and intellectual snobbery mark this period. A supreme distrust of teachers and a sort of benevolent neutrality to school chums with none of whom a personal relationship was possible. He was aware of but took little part in their sexual escapades. There existed an early love of the macabre, the anatomic and the occult in life, art and literature. It was only later (after the mother's death) that he visited seances and dabbled in spiritualism .

At College—Always popular but was bookish and retiring. An initiation into sex practice was by chance self-discovery but he denied addiction to masturbation and is unable to do so. The hyperpietic storms he complains of suggest substitute gratifications.

INCIPIENT ASOCIAL NEUROSIS

College. Instances of compulsive voyeurism were given and his subjection to panic storms. Intellectual curiosity predominated. At adolescence tense periods of depression occurred as also when his music practice was intensive; he mentions an element of seductiveness from girls in the neighborhood or 'models' in rooms opposite his own; i.e. increased tension without gratification.

THE MARRIED LIFE

He came to America 10 years ago; marrying a French girl largely through jealousy of rival, and after about two months courting. By her he had two children. They were much in love and life was one long honeymoon; "they were like brother and sister together." He returned yearly to his European home. There, however, his wife was poorly received as not good enough and he himself was cold-shouldered by the in-laws as being "merely a musician" and not social attachments at any time. Life was just a period of hard work.

SCHOOL DAYS

An easy assimilation of knowledge both academic and 'curious' was facilitated by a very early love of printed matter and books; symbols had a private meaning for him; his whole heart was in the study. He identifies with his studies. Sleep was intensified by nightmares (of imprisonment and immuration, struggling against drowning or being buried alive). Threat of isolation from school was a real punishment. He had to prove by his prizes his worth to the father but nothing ever wrung his praise; "my triumph was only to be expected." At this time also he had some feelings of *unreality* and of doubts as to the basis of things.

College. Turning from the family constellation he showed rather the pleasure of sublimated curiosity, in history and archaeology. He has a decided love of the decadent, morbid, sensational and 'curious' literature, alongside necrophilia as his later dreams confirm. The combination of exhibitionism and voyeurism existed from early times. He gave illustrative experiences of bath and lavatory.

The Married Life. This must be regarded as a series of clashes and reconciliations. The wife of opposite temperament, vivacious, restless, fond of company, irresponsible, reckless and forever emphasising her class superiority. The self was solitary, meticulose, parsimonious, always controlled, dignified. The mother-in-law with them; described as an opium smoker, sluttish, a trouble-maker and source of endless feuds. She forms the subject of an endless tirade of depreciation and hate, this hiding a deeper ambivalence; she is frequently identified in dreams with the wife

a professional soldier. His anger was restrained. His wife's stormy, exuberant temperament came in conflict with his own reasonable self. His manner and his suppressed rage is covered by an unprotesting, conscientious, orderly way of life. (He is passive and exact and self-seeking, ever in need of mothering and reassurance and escape from wound- and from disapproval). He claimed he was devoted to his children, needed few friends and was immersed in his music. He had no other sexual inclination and was pure up to marriage. In an intellectual way he had early understanding of biology and "all the common facts of life," but he was dissociated from its actual experience. Also he was a collector, mathematician, chess player, amateur archaeologist and historian. (He early discovered a satisfaction in the interplay of force—time-space in the moves in chess).

CLINICAL CONSIDERATION

Asked to dwell on some of the precipitating factors of his neurosis, he said he had been 9 months separated from his wife (though contacting by cable and letter). Came an isolated episode of being rowed on a lake with men friends and "feeling a sudden impulsion and attraction for the depths on looking overboard," the first signs of precipitation desire. There followed a series of fear situations when on heights with men companions which convinced him of his panic dreads in certain contingencies, with urge towards self-destruction, and the need to prove its absurdity by forcing himself to tolerate the situation, often with extreme apprehension. There was no conscious suicide desire. He had no strong vindictiveness against anyone. He can always play his music with assurance and even defiantly but has agitation now on approaching the *edge* of concert platform or dias, or on any incline. He develops hyperpietic storms of apprehension before such ordeals for which he takes moderate sedation. A smoldering discontent and rebellion against the conducting musician exists who "holds our life in his hands" (ambivalent veneration). Emotionally he had led a stable life but one liable to ready apprehension, and with his own mother. Envy and jealousy in connection with an unsolved oedipal situation come to the surface in these phantasies, the incestuous aspect being readily discernible. While in reality life, he is idealistic, ineffectual, and unassertive from repressed aggression, he has long periods of abstinence, but is tender and demonstrative and all this is usually met by a callous indifference, dead silence or noisy determination and invective from a practical managerial wife. She is a good mother to both children but herself under the influence of her own paranoid mother. It was as yet difficult to determine from the anamnesis the generic factors for his antisocial impulse.

CLINICAL CONSIDERATION

His Homosexual Status. He shows a friendly disposition, deferential and very submissive and attentive attitude. Though easily led off in talk he is resentful of interruption. His narrative is dramatic and vivid, fluent with all emotional effects unduly heightened.. The self is always seen in a good light; the tale is lost in punctilious or abstruse detail. He is word perfect and easily embarrassed and blushes. Anxiousness is shown in session, sweating palms and brow, giddiness and struggle at critical moments. He has a nice sense of irony and a supercilious manner, while his arrogant sarcasm, invective and nihilistic philosophy soon emerged. His mordant humor is his only foil. He magnifies his distress, elaborates the episodic, dramatises the commonplace, and underlines his unbearable suffering and torture (as if to assure himself your heart was wrung). The underling, masochistic gratification is evident. The connection of the panic situation with threatened eruption of homosexual desire (active or passive) was never sensed nor the interpretation accepted.

Current Situation. 1. Residua of earlier crises persist because of their psychosexual import. Night terrors in infancy cen-

broodiness and storm; he felt very aggrieved at any slight or wounding to his pride.

Current Situation. He has strong intellectual appreciation of the nature of his social conflict but no feeling insight. It should be mentioned he had attended 3 other clinics; had tried sedation, hypnosis and reeducation before coming for therapy. Frequent physical examination was demanded. He has been given 100 hours superficial analysis; whence this review is made. The symptoms of anxiety have modified to date with release of belligerent trends and their increasing realisation and recognition. Passivity of sessions encourages him. The reality situation involved has not changed—i.e. the separation from his wife and children (left in Europe at the advent of the war), and his accompanying reactive guilt and anxiety plays some part in emergence of the symptoms; but the history as it unfolded emphasised the characteristic manifestations of a basic obsessive personality of very much earlier date. Nothing in his review associated his crises with a homosexual recognition.

Physical Concomitants. He described a high blood pressure syndrome, vestibular disturbances, and blushing sensations (with protective safeguards); complained of excessive sweating and tremors, rocking and swaying *sensations*, parched mouth and periods of nausea. Independent physical examination found no sufficient organic causation.

tered round the parental scene and castration threat to the suffering martyr. (All doors had to be left open. Primitive fear of storms, memory of bleeding wounds from broken, sharp objects. Always a horror of blood).

2. *Operations*: Tonsils, circumcision and occasional influenza bouts. Desertion at height (of tension). E.g. an episode on granary loft and recently in organ loft overlooking marriage of friend; he is overcome with primitive rage and dread of falling and panic.

3. Threats to gravity (erection) and economic security and exhausting episodes of suppressed rage with his conductor.

4. The mother's death, inability to *show* feeling; guilt at not being present. (The wife-mother identification; and birth-death-rape equation).

5. Separation anxiety; enforced separation from wife; her repeated threats to leave him; inconsolable blow to anal narcissim. Wife sues for divorce.

6. Exhibition guilt: Hyperpietic storms of unbearable severity at all social situations. These are sensed as hostile anxiety; there is no loophole of escape (of tension).

PSYCHOLOGICAL SIGNIFICANCE

It is so far evident that patient throughout life is protecting his own hostilities. He finds the world unfriendly. He has developed a grudge and felt a righteous indignation against society and this on three scores each with the makings of a paranoidal bias against people and working to a climax, though in no sense can he be regarded as a psychotic. There has been the realistic disciplinarian exactitude of his chief, the enforced separation from his wife, and his inability to make friends. He exaggerates the world's apathy and coldness to his distress and finds comfort in the resistance to comprehension on the part of friends, as to the extent of his "physical and mental torment" and "that

an individual must suffer so." His impotence to deal with these private and public 'enemies' increases the vexation against himself in the agonizing tensions and sensations he experiences. The impotence has its genital counterpart in the fear of climbing to heights (of tension) which derives from unrelieved libido driven back on self to find outlet in perverted sensations on vestibular levels of infantile development. He defies society or finds outlet in those irritations and exaggerated feelings of personal affront at petty offences falsely interpreted, all of which current issues serve to intensify. He is a study in contradictions. Already we can discern the anal exhibitionism and oral aggression finding compensation in projection. Nonchalance and impotence go side by side. He is the compromising ineffectual moralist, and niggardly pietistic, abstemious and parsimonious, exact and humorless, fitful and morose, while at the same time charitable and considerate, choice and extravagant, self-assertive and self-sacrificing. He has always been of smart address, good appearance and quality in clothes, yet he lives in squalid quarters; friendly yet unable to entertain and glad to escape social burden. Athletic prowess and (enforced) gymnastic ability go with 'loss of nerve' in elementary situations, as when on heights or near cornices whereon he will often put himself to the test of an ordeal and only to be found wanting. A quiet ingratiating social manner and unnatural poise compensates for this loss in other directions. His private life was punctuated, he reminds us, by anger storms towards others e.g. toward wife, an unprovoked jealousy and hostility with constant domestic "scenes" till once he actually left on a long tour without a word of farewell. For this he blames himself. He has moments of regret and qualms of guilt as followed on his last visit to Europe where he left his family. This was as much a result of pique as for consideration of personal safety. He is essentially a narcissist and this largely on anal levels. Thus a full range of physical signs of release of distress (in flatus and sweat) characterised his analysis from the first interviews and emphasised his subsequent sessions or accompanied his dreams often in a rising crescendo of accusatory thoughts of cowardice. He claimed, so exquisite was his sensitiveness to hurtful situations that vertigo followed the glancing at photos of such situations or reading of them. There were obtruding also metaphysical speculations, preoccupation with the occult, the decadent and bizzare; fascination for, and feeling of being drawn into, certain dangerous situations. He hated the world, but continually needed to test it. He had keen intellectual appraisal of his difficulties.

It would seem that his work as a musician did not suffer but he became more conscientious. He devoted longer time to rehearsals. It demanded of him further exquisite respect for time-space for conductor-authority and for audience-reaction. Also his social conscientiousness was demanding, whilst his objection to being hurried, his sensitiveness to suffering in others or to criticism of self, his sense of inferiority and constant need of reassurance must have made him difficult to live with. His tragedy is all the greater as he has particular talent and undeniable charm. His attitude to his illness was at first one of impotent acceptance of a bewildering irrelevant situation.

His character has shown signs of marked ambivalence with a combination of attenuation devices and sporadic release mechanisms in his mental nature. Thus pride goes with humility, scorn with gentleness, vigor with impotency. It so fell out that mishaps of every day and current events served but to confirm the existing state of affairs in his life. It is evident that his mind first dealt with it by attempted projection and externalization, and found release in indifferent situations and events that thereafter he could blame, cope with, or surmount by way of ordeal. At no point could Society (ready to help him) be viewed for what it was. Circumstances and the outside world was always unpropitious, unfriendly, and he met it with the exquisite sarcasm, irony and hostility it deserved. He gave it an arrogantly successful 'performance' of his best but with a flow of sweat and tears.

COURSE OF ANALYSIS

In the hundred hours of analysis the symptomatology became less pronounced. It was terminated by the patient going on a long professional tour in a state of remission. The apprehension had become less intense and his social reactions less despotic and arrogant, and by contrast warmer and more spontaneous; despite the continuance of the current problem of forced *separation*. It is difficult to determine how far the patient has today succeeded in turning his unsatisfied libido into fresh aggression, his unworked-off hostility to his wife as towards the audience, and the sadistic elements of his nature back on himself in the form of fear of destroying and of being destroyed. He had evidently regressed to the earliest levels and such panic dreads of destruction from within becomes coherent in the levels of vestibular sensation and space-time apprehension (dread of being separated from his

objects). The extent of his *dismemberment* and *dissection* phantasies, and of his impotent furious onslaughts on Society is evident only in his dreams which reveal the vast reservoirs of his suppressed aggression. In session now he always communicates with a fine dramatic fervor, uses choice diction and loves to dwell on intricate detail. The resources of Maeterlinck, of Baudeclaire, Lautreamont, Rousseau, de-Quincy, Fox and Poe would seem to be drawn on. He affects the funereal gothic, reconstructs the dizziness of sickening heights and secures a retrograde aggrandisement of the shabby genteel of his past. Intricacy, delicacy, pomp and splendor, all play a part. Indeed, the evocation of scenery, the passion for detail, and exquisite sensitivity bespeak the language of anal sadism, and of sadistic flights of phantasy with their restitutive compensation in word and image for the destruction wrought of his phantastic desires.

Thematic Content

Here follows an attempt to trace the trend of unconscious development during the course of analysis. It deals with dynamic (dramatic) content. The earliest situations were homosexual or where heterosexual were largely incestuous. It also emphasises the childhood reaction to a sense of repeated frustration, for which the Aggression which is so marked serves as compensation. (See Table I "Basic Themes").

We also offer a graph (Table 2) of Libido oscillations plotted according to moments of maximal tensions in the unconscious life. We give the character of the Libido quality concerned. (All such high-levels were reported as "of inordinate degree"). These found expression in his dream situations as the main conflict in seeking isolation during analysis.

The dramatic development (working through) involved five main themes provisionally labelled under certain arbitrary heads (according to content).

He rang the changes on these in accord with changes in Libido thresholds as Analysis proceeded. It is probable that the content would have involved a repetitious pattern of *Angor* themes had the phantasy life remained uninterrupted.

TABLE I–Basic Themes of Fantasy–Life in this case

Succor .....animae	the theme of gratification (rescue, comfort, pleasure, hope and ease) relative security.
Furor ..... "	acts of aggression, hostility, wrath, revenge, belaboring and fury.
Angor ..... "	scenes of agitation, terror, horror, ordeal, apprehension.
Pudor ..... "	Themes of indignity, shame, depravity, inversion (animal)
Dolor ..... "	Depths of desolation, isolation, deprivation, humiliation and despair (extreme infantile helplessness).

PRESENTATION

This is a novel mode of recording the analytic unfolding but we feel it offers a ready and graphic representation of the internal dynamics in a psycho-somatic setting and to discipline what is otherwise an unwieldly formulation. We therefore append for simplification (a) the actual trend of libido oscillation in respect to above themata in the course of his analysis. (b) The physical accompaniments also are given (as indicated by the patient). Finally we show (with some examples), (c) the directions taken by released aggression in this case and its consequences in the interplay of ego and id. The order of these sequences is of some interest, though it is evident that at present the conflict is still being fought out mainly on anal levels.

Reader should see summary for hypothesis of dynamics concerned.

DREAM ILLUSTRATIONS

Succor Animae . . . . "There is a big banquet spread, choice wines, rich cakes, and delightful meats and fine goblets of beautiful glass. I am among those men sharing the repast. When it is over I am serving in the kitchen and overhear the speeches . . . I turn to my wife, kneel at her feet, and picture the day we are wed and myself jumping for you. I have to pack my bags to set out hoping she will go with me."

Here the patient, who in reality leaves the wife behind, recaptures the pleasures of the breast, though his adoration and pleasure purposely takes a subservient form.

Furor Series . . . . "I am in a mediaeval castle, a friend is behind the door. I shout "Come out and discuss it!" He proves to be a prize fighter dressed in shorts. We argue, insults are hurled and we fight. I use all my savage knocks and hit him, but without avail. He swells to giant proportions, I knock him to the floor all to no purpose. "Shall we call it off? Are you satisfied?" he says: No! I say and on my leaving he tries to kiss me and shake hands, and make it up."

The underlying homosexual component of the love-hate impulse often colors these phantasies and the relative impotence of the subject against his own aggressions for a sexual plane is exposed.

Angor Animae . . . . "The mediaeval castle . . . my wife like a shadow follows behind armed with a massive pile of books with which she belabors the man I have felled; she must hide this for fear of his revenge. The man now infuriated pursues with an enormous Anvil, a hook and chain suspended from a wheel to hoist the thing up to where the iron is fastened. .It is coming toward us poised on a high slanting precipitous ledge. I guess he is going to beat me and curse my wife for rousing him by hurting him so and try to hide under round stone table but she tried to pull me to the edge and push me from behind so as to force me to face him. I feel it and beg her to desist. I have terror of falling off. Meanwhile his noise with clanking chains and irons attracts a crowd and an army. .They hide the Iron in a straw basket (coffin) and tell the king he is afraid of that jeering at me. We'll tell this mob you are afraid of something, something that does not exist. We go through the crowd, get a little nearer these coffins on wheels. I say the Thing I'm in fear of is inside that! I know the man still has his eye on me, will keep quiet but pursue later. He'll get me in the end."

NOTE—The mounting aggression symbolised subsequently by hydra-headed fury or little puff-rings in the wind to become worms, snakes and ultimately monsters that multiply, pile up and will not die.

Angor Series . . . . "Reunion with my wife at last, as I walk along the train tracks to meet her, someone, dressed as a soldier, warns us that in five minutes I must go . . I say: This is terrible . . We were parted for 27 years and now just as we hope to be alone this happens . . . This is a strange country. I cant read or write a word of their language, nor make myself understood in cafes nor get the right change . . . They can do with me as they please. I feel so helpless."

Pudor Animae . . . . "I hear another colleague playing; I have an urge to stool. I am alone in a large room with a corner lavatory seat but one wall is glass. Women keep coming in. I appeal to them to let me finish but they laugh and take no notice of me, collect their coats and go out."

Dolor Animae . . . . "Silence on board a great big boat "Manhattan," at night. I am confronted with a dark man and am ordered to transfer to a little boat because we are sinking. I cannot swim and am dizzy as I clutch the rail. A fierce flood light plays on us, the crowd below implores us with raised hands to come down.

We are really in a canal with the high seas at either end and beyond. I see sides of a lock and a little village lit up and outer darkness. I exclaim it is foolish to take count of the number passing through and making it public. We will be destroyed by the enemy, it's a trap! The passengers are transferred from the life boat by canes. I feel vertiginous at the height.

Now I'm a small boy. I have a little dog in hand and decide I am going to throw them my dog to alleviate its distress despite a warning not to. I open my hand and let it go. The tide makes me dizzy yet attracts me. I lost my balance and fell overboard then. Somebody spies me and cries for help. . . "

NOTE—That asociality in Platform defiance is really stool pride and obstinacy and covers anxiety over perverse exhibitionism because of its sensed hostile content. He hurls defiance and is punished. There follow dreams of deprivation, being stripped of all his teasures, his instrument, his very clothes (feces) but also of stealth, secretly securing another's riches, of Desertion and of himself deserting thereof frustration and of his satisfaction at Exposure but disappointment in exhibiting his proud object to an audience uninterested; or also of seeming apprehension if caught in a lavatory situation as above. He compensates in Revenge dreams of bed wetting (he belabors with wet towels) and in anxiety at being found wet. This is directed toward the father figure who is usually caricatured (a monkey with antics, a man on his head, a drunk that a puff of wind will send sprawling). The mother symbolism is always pietistic, naturalistic, sublime.

NOTE—The advent, nativity, birth and vicarious sacrifice of the hero, the unique, all mighty savior. The other dreams show his humiliation and the ultimate (identificatory) sacrifice to the father; the personal tragedy here becomes aggrandised to a parable of Life.

Discussion

The case offers important considerations for comprehending the development of antisocial conduct. The pathological rebel who becomes agitator, or the man in revolt who becomes anarchist, differs only in degree from the asocial neurotic whose aggressive impulse is worked off chiefly against himself. Each hurls his reckless defiance against the world. In this instance the musician hurls his virtuosity at his audience, his musical challenge against his conductor, just as in the domestic scene he hurls his invective and sarcasm against his mother-in-law and his wife. He never quite comes to blows. His smoldering discontent, his savage vituperation, his sense of irony, and embittered silence, and all the more refined evidences of hostility (including copious flatal release) product of pride and arrogance, helplessness and guilt, emerged in analysis. The very sublimation of his chosen profession rested on this ability for unimpeded living out of his internal violences at the expense of father surrogates. The world was unfriendly, he shrank from it, shunned it as a plague, because it was largely a projection of his inner cross purposes. When the wife voluntarily separates from him and gives herself (suspectedly) to another, the narcissistic wound is great. It is taken as a threat to the very foundations of the patient's system and it mobilises all the primitive forces of nihilistic destruction within and danger from without. It leaves him helpless and in danger of overwhelming and dissolution by his own erupting violences, forces already directed against the imperfect superego he has never completely introjected. He faces the world on pregenital levels.

The mechanism of extrajection temporarily reduces the tension directed on to ego from the powerful forces of the id. Thus wind and cosmic power are now the playthings and external space and time, the playground of his reaction. Great eminences, appalling vastnesses and long durations and attenuation become threatening objects—each a danger situation in proportion to the intensity of these inner drives. In ego levels, in positive feeling he identifies with a good world or fine landscape, peaceful, loving and friendly as the mother; but even here is a threat of insecurity or lack of balance, a danger of withdrawal and violent upheavals of (gravitational) disturbance, in consonance with inner urgencies and outer over-excitations, and the earliest vestibular sensations are aroused afresh.

The 'concretisation of thought' which is already present and the

translation of ordinary happenings and situations into the 'personal idiom' gives his system of thinking (now highly sexualised) some of the character of a paranoid drama. The strong exhibitionistic satisfaction in the act of narration and gratification in social settings in being the tortured martyr (in conjunction with his repressed voyeurism and love-hate of the seductive mother) bespeak the underlying masochism, whose early coloring bears a strongly anal and urethral stamp. The psychosexual impotency against which he struggles is the symbol of his self-castration. He has all the resultant anal character traits in keeping with these mechanisms. As it exists to-day the personal tragedy by reason of its very unification and its delimitation to its own set field, excludes the possibility of his antisocial violences ever taking more active form, so long as the executant sublimation is permitted fair outlet. Again there is no systematised delusional content either in reality or in the vast sado-masochistic levels of his phantasy life, (though necrophilic, macabre and horrific trends are its genre). He has secured some safety valve in physical detension, (sweating, palpitation, vertigo and deflation) for aggression. This may be expected to continue to operate so long as the Nuclear situation, in its obsessive setting, has not been adequately resolved. The 'potential revolutionary' thus remains on the fringes of an Asocial Neurosis, whose origin and pattern and course of resolution we have attempted to outline.

SUMMARY

1. *Spoiling.* The sources of overt rebellion date from earliest days (obstinancy). He had shown traits of lively aggression and arrested masculinity. These had to be repressed. He is now therefore the submissive martyr i.e. conciliatory and sweet-tempered, unassuming and self-sacrificing, content to suffer in silence, with a smoldering sense of anger and impotent rage, always disliking scenes and quarrels. He was awe-inspired, as by natural phenomena, gullible and pietistic, humorless and sincere; unable to tell a lie. He is under the influence of an over-fierce concience.

2. *Masochism.* He is the youngest and favorite of the mother, and rich and great future is *designed* for him that he has not been able to realise. Also inability to incorporate a successful *male* ideal from the father image, ("he can never be implicated") and present is strong against all surrogates. A series of crises wounds his narcism (e.g. barn incident) anal respectability.

3. *Erotism.* He is an anal erotic, witness early interests in stories and shining object, has always been a collector, undue parsimony and preciseness, and today, bowel obstinacy.

4. *Narcism.*. Narcistic Crises at the hands of the 'dreadful father' e.g. forced to swim by being carried out of depth, Vertigo on lifting even in infancy. He interpreted these violences as threats to his balance and mobility, freedom and security in time and space (i.e. mother-love). He reacts with mechanisms of projection (abstractions) e.g. fear of being evulsed from parental love is projected as terror of the Void and avoidance.

5. *Sublimation.* Thrust of precocity. At age of 4 he is already playing the violin, untaught; but he suffers recurrent vertigo (on eminences, edges and an solitude). The beginning of resolution by further extrajection.

6. *Repression fails.* Develops exquisite sensitiveness to scenes of cruelty. (E.g. the drowned cat); released sadism is repeatedly evident in the analytic reenaction. Conflict (with anal panic) at overheard love-making (e. g. by couples including his nurse in darkened inn). Sensitive to noise and strong light; memories of the primal scene, interpreted sadistically.

7. *Realism.* Rationalisation appears, with intellectual sublimation of scoptophilia in epistemo-philia. He wins all the prizes and medals, but has no athletic prowess. His sadistic interest shifts to literature, (e.g. in being attracted to Maeterlinck, Poe, Baudeclaire, Quincy, Hugo and the more decadent and curious writers).

8. *Character.* Well developed anal traits. Since wife's desertion, e.g. a collection of rare first editions and need for complete editions. Thoroughgoing study of seventeenth century music ("never before attempted"). He also experiments with macabre phantasies and attends spiritualistic seances.

9. *Sadistic Traits.* Social hostility of long-standing, seen in aloofness from intimate contact with girls; blushing, shyness, and tongue-tie; a marriage contracted out of jealousy is evidence of marked aggression. This carries over to professional situations (e.g. enmity toward con-

ductor, any contact with an audience), when the repressed sadism manifests.

10. *Asocial Neurosis.* Full fledged with an extensive symptomatology, centering on space-time situations and fear of "occasion" that can best be understood as a marked regression to early anal phase of incomplete objective incorporation, an extrajection of the inner space and bad objects, which remain threatening and dangerous as external. Thereafter it is terror of all situations with which he identifies, (e.g. fears for his economic position, dread of the 'empty place', be it in space, society or in his heart;) complaint of his nerves being on 'edge', (edge of precipice dreams) or of "falling" ('falling' in his self esteem, from the professional 'heights he has aspired to') of insecurity (of tenure); 'long drawn out' silence, (separation anxiety from that first love object). His obstinate defiance is his only defense. Such threats cannot be endured; all are 'concretised' and dramatised situationally in consonance with the magical sexualisation of his thoughts and the masochistic gratification it achieves. The concept of the Asocial Neurosis best explains and reflects the man's impotent struggle with himself, carried out at the expense of society.

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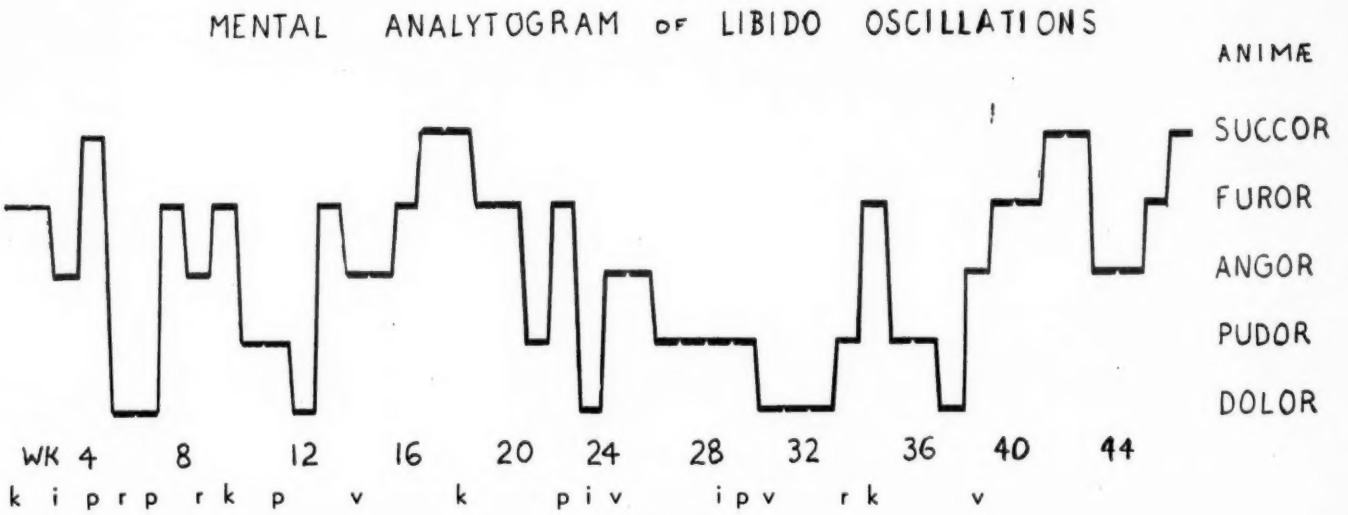
TABLE II



LEGEND

CONSCIOUS SYMPTOM
(waking observation)

V=hyper-ventilation .... "out of breath" .. panting, as if run a mile.

r=hyper-rhythmia .... "pounding" .. beating, palpitating.

i=hyper-idrosis .... "cold sweat" .. beads, moist palms.

k=hyper-kinesis .... "muscle exhaustion" .. as if escaping great activity.

p=hyper-piesis .... "splitting headache" ... tense, flushing as if steampressure.

T=time .... in weeks.

UNCONSCIOUS CONTENT
(thema of dream)

1=Succor animae, i. e. height of pleasure, succorance, ease, gratification hope.

2=Furor animae, i. e. height of aggression, hostility, wrath, revenge, fury.

3=Angor animae, i. e. height of agitation, terror, horror, ordeal, apprehension.

4=Pudor animae, i. e. height of indignity, shame, depravity, inversion.

5=Dolor animae, i. e. height of isolation, deprivation, humiliation, frustration, despair.

N=Pax animae, i. e. theoretic norm (peace of mind) no dreams or wish-dreams.

NARCOTIC ADDICTION AND CRIMINALITY*†

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Crime in the legal sense of the word is a conventional concept that varies from place to place and from time to time. Crimes appear and vanish in proportion to the changes in political and religious idealogy, and also social and economic conditions.

In order to study the cause of crime and the criminal it is not only necessary to examine the criminal himself but also his surroundings. Without a profound and detailed study of the criminal it is not possible to determine the individual motives of his action. Crimes should be considered by their dynamic aspect, or as tendencies of reaction. The discovery of such tendencies requires knowledge of what encouraged these actions, or in other words, the psychological circumstances capable of influencing the criminal, such as his form of life, in the fullest sense. The etymological study of crime should show, therefore, the general structure of the social medium where the criminal has lived, his immediate environment, his personal habits, and lastly, the psychological elements which caused his peculiar, morbid reaction. At the occasion of the Second International Congress of Mental Hygiene, held in Paris in 1937, Kinberg explained that each crime is the product of a psychological evolution, and therefore that crime is a reaction to the stimulant of circumstances, even in cases where the apparent spontaneity appears to prove the accidental character of the respective misdemeanor. A profound psychological analysis will demonstrate that, in reality, the misdemeanor was caused by psychological changes, which, I admit, are frequently imperceptible or appear to be insignificant.

These general concepts are also applicable in a large degree to the

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relation between narcotic addiction and criminality, which have so many points of contact with social hygiene.

A few words, no more, on the legal and administrative dispositions which constitute material of fundamental importance in our theme and which merit a detailed study apart. This has been treated elsewhere by Rogelio E. Carratala in his work "Toxicomania y Delincuencia" presented at the First Latin American Congress of Criminology held with notable scientific success under the presidency of Osvaldo Loudet in 1938 in this city.

Today the international conventions are those which form, in considerable part, the base for national legislation. At the First International Convention in 1912 which resulted from important conferences held before it, there came the conferences in Geneva in 1925 and 1931, and the one which interests us especially here, the year 1936. Briefly, this establishes international collaboration in respect to the penal and political part of the suppression of illicit drug traffic.

It is not necessary to examine here the importance of such convention for the problem of the relations between narcotic addicts and criminality. It began with vigor October 26, 1939, but to this day has not reached any considerable activity through lack of ratification by some of the interested countries. This is partly due to the fact that it requires adaptation of the existing national laws to the stipulations of the convention. Meanwhile the majority of the States, 63 of them to be exact, have already adhered to other international conventions on opium for example, the Convention for limiting the Manufacture of Narcotic Drugs, of 1931.

Apart from these international conventions of world action special arrangements exist between certain countries. For example, the United States exchanges direct information on illicit traffic and other police work with the Narcotic Bureaus of 23 countries. Argentina, however, has not concluded arrangements of this type.

The opinions which have been expressed on the relation between criminality and narcotic addiction are not all identical. Neither is the concept of *whether narcotic addiction is an illness or a vice*, an opinion that has varied from one extreme to the other. To physicians it is always an illness. But this criterion does not embrace all, for the addict can be simultaneously vicious, even a criminal, and his illness originates directly from his vice.

The broad discussion held during the 24th Session of the Consulting Commission on Opium in Geneva in 1939 illustrates the situation.

There were two theses delivered on the subject. According to the representatives of Poland and Switzerland, both well known physicians, narcotic addiction is an illness. Meanwhile the representatives of the United States and Canada, also well known national figures, but not physicians, made it clear in their paper that narcotic addiction is very often a vice.

The latest criterion is based preferably on the desire, while admitting the pathological state in each narcotic case, to avoid making the drug easier for the addict to get. Furthermore, the representative of Egypt, Sir Thomas Russell, who is at the same time Chief of Cairo's Police, explained that in countries where narcotic addicts are relatively rare it is possible to treat addiction as an illness, but in primitive countries where narcotic addiction is a dominant factor this system is impossible.

If narcotic addiction were only a crime perhaps we might have more hope of extinguishing it completely. This is not impossible in respect to cocaine and marihuana which are almost exclusively habits of vice. On the other hand, the situation is different in that it concerns morphine and opium in general. While morphine is a necessity, that is, until science has found the substitute which will retain morphine's inestimable therapeutic value as a sedative and analgesic, retaining all of its good qualities, and at the same time dropping the quality that causes addiction (see P. O. Wolff, 40), morphine addiction will always be a chronic social infirmity, and there will be morphine addicts.

To consider narcotic addiction simply as a vice is without doubt very unjust, and most important, has no scientific basis. On the other hand a false sentimentality is often found which appears to deny priority to the vice of addiction. Neither of the two extreme concepts correspond to the authentic situation. This frequently occurs with radical opinions in scientific material.

Furthermore, certain lamentable confusion in interpretation exists, which, however, seems easy to me to clear up.

The individual in question may be an accomplished criminal, who has the habit of taking drugs, perhaps intentionally using certain effects of them to accomplish his criminal purpose. He is the *addicted criminal.* On the other hand it may be a person who first became addicted to drugs for one reason or another, and afterward, in consequence for his action, he commits misdemeanors. In this case we speak of a *criminal addict.*

Every narcotic addict should be considered a potential criminal if

he takes the drug enough to make it necessary to resort to crime in order to obtain the drug. This is the experience in all countries, even when the use of absolutely different preparations provokes such different individual reactions.

In addition to this type of addict there exists another who uses narcotics occasionally to annul the inhibitions at the intention to commit a crime, and not because of habit. The first used is alcohol, and also cocaine, heroine, or marihuana (the hasheesh of the Arabs). In these cases one does not treat legitimate drug addicts, but temporary suppression of inhibition due to the effect of the drug. This has nothing to do with the existing relations between narcotic addiction, which constitutes a persistent or at least a prolonged state, and criminality in the true sense of the word.

Administering substances of the group in question *to a third person*, for criminal purposes, of course, used not for chronic addiction, but for their dangerous toxic, narcotic effect, does not pertain to our theme either. The best known is the very often successful method of inebriating a person to rob him, etc. Another example of this is the certain perturbed mental state which is produced frequently in the victim through the inhalation of cocaine. In Egypt crimes are committed by administering in an apparently friendly, amicable form, electuaries of hasheesh, with the purpose of robbing the victims or violating them when they are under the effect of the drug.[32]

There exist, then, various aspects of fundamental importance, founded on the effects of said substances. That is to say, on one hand, certain extension of narcotic addicts, or, on the other hand, certain fomentation of the same criminality, favored by these drugs, which can incite crime and contribute to crime. One of these substances which in one person does not produce the idea of crime, is very apt to produce criminal acts in another individual who has within himself the inclination to commit crime. It is not possible to say beforehand which of the referred categories will pertain to a case, and it suffices to explain that there are many variations, and many multiple forms of transition.

The imperative desire to procure and take drugs, when one is already an addict, is not stronger in one case than another, but the initial motives are different. The attitude of the real criminal to his drug differs much, to mention only two extremes, from the attitude of the harmless addict. The latter very often suffers from the created slavery, or at least laments it. It is this type that doctors most commonly treat. He is usually a weak person, with a poorly balanced personality, and

with all the traits of character, constitution, and attitude with which we are already familiar. The former, or the criminal, occasionally has the habit, but he is unashamed to the point of being audacious and immoral. He forms a very dangerous center for infection, and is frequently an illegitimate trafficker himself.

E. W. Adams, who specializes in these questions, divides addicts in four principal classes, namely:

(1) *Stabalized Addicts*, or, those who do not increase the dose, and those who do not supersede a certain habitually small quantity administering it for the stimulating effect. These are the addicts whom I call "benign" because they form a group of persons frequently of great professional utility and social value and they do not have the mark of a narcotic addict.

(2) *Accidental Addicts*, or, those who acquired addiction through scientifically justified medical treatment, or perhaps, in some cases, through lack of care on the part of the attendant, in other cases through self treatment of pain, or finally, perhaps through bad example or surroundings.

(3) *Natural Addicts*, or, those who were more or less born as such. They are persons of poorly balanced personality also called psychopathics, or persons who are mentally unstable. I do not mean to say that all psychopathics or psychoneurotics are predestined addicts, although many of them are particularly predisposed to adopt themselves under favorable circumstances.

(4) *Criminal Addicts*, or, those who are really vicious and who, moreover, deliberately use drugs with the desire to fortify themselves for a criminal life. To my mind, it is still open for discussion whether the persons who take drugs for their known effect should be counted as criminals. These persons are narcotic addicts, accidentally made criminal.

Among the many classifications which exist in this material, the classification which I have just mentioned appears to me very adequate to the finality of our considerations. It gives as clear enough distinction between the different classes of addicts, as clear as can be expected when treating a subject which is not dead, but rather very much alive. Granted that in biological material we can never illustrate as much as in other sciences.

Moreover, this classification is of evident value for practical purposes. In numerous cases it would be preferable not to subject the established addict of the first group to a cure. Many accidental addicts of the second group want to be cured and give a satisfactory prognosis. The natural addicts of the third group present another and still more complex picture. A considerable part of them do not even have, in reality, the desire to be cured, and when they do wish to be cured the treatment is difficult and they are very often observed to relapse. Regarding the addicted criminal of the fourth group who interests us particularly on this occasion, treatment in this case is in vain unless a change of mentality or a miracle occurs.

There is material of diverse sources on the undoubted influence of drugs in criminality, including the different points already mentioned. It is understood that the observations and experiences in one country are not in accord with those in another country, nor can they be made so for many easily explained reasons. In effect this should compel a broad, comparative study, but at this time I can only offer a few views.

I refer to the recent past in regard to the situation in Argentina, and must mention the following: The important orientations and descriptions by Leopoldo Bard in the Chamber of Deputies (1923). Those of Juan M. Obarrio in the same chamber in 1926, which were mentioned lately in the medical-legal study of Pedro J. Lanzani. The authorized work of Gregorio Bermann, and the work of Santiago Balestra on the spreading of narcotic addiction. Argentine legislation on the subject--with respective jurisprudence and some decrees and ordinances—is fundamentally well summarized in a synthesis published by Nerio Rojas and Luis Cattaneo.

Carlos Guerra, in his recently published work "La Peligrosidad de los Toxicomanos" (Danger of Narcotic Addicts) states, "The legal methods of suppression of the trafficker and the criminal do not conform to society." He refers to the proposed new penal code elaborated by Jorge Eduardo Col and Euesbio Gome. This proposal extends the penalties and simplifies the methods of prevention. In 1940, Juan M. Obarrio, in a conference held at the National Academy of Medicine at Buenos Aires, explained the purpose of modifying existing legislation—in order to begin a more thorough program. He asks the obligatory denunciation of the narcotic addict and his internment for treatment under the guarantee of the state.

Finally, it is only fitting to mention the special study of "Toxi-

comania y Delincuencia" (Toxemia and Crime) by Rogelio E. Carratala to whom I have already had the pleasure of referring.

The following information illustrates the actual situation in this country, which I owe to the kindness of the distinguished chief of the Division of Police Investigations of the Federal Capital, Inspector General Lorenzo Gallato, to the Chief of the Personal Security Section, Subcommissioner Joe Salinas, and to the Chief of the Narcotic Bureau, Inspector Rogelio D. Bazan, who very amiably assisted me with the exact data.

According to this information, the drugs taken are cocaine, then morphine, and lastly heroine. At the moment it is not possible to consider narcotic addiction as a problem of great social importance in Argentina since the latest statistics of the Division demonstrate that little by little the illicit traffic has diminished, mostly in the last few years. Thus, since 1924, the year when narcotic addicts were found openly, and on whom the suppression via legislation was begun, the situation has become better in a very marked manner. Although there was a law to suppress narcotics, that law had been so loose that it permitted the violators to recover their freedom. That is how, nowithstanding the law, the illegal traffic mounted from the year 1931. In that year 55 peddlers were detained; 63 in 1932; 80 in 1933; 93 in 1934. In this last year the campaign was intensified with the result that the drug traffic decreased considerably. Seventy-five peddlers were held in 1935, and 76 in 1936. From 1937 a progressive dwindling was noticed, and in that year 50 persons were held. In 1938, 43 were detained; 32 in 1939; 39 in 1940; and 1941, up to the month of August, only 15.

One of the factors responsible for this decrease is surely the obligation for doctors, to use official order forms, in check book form and in triplicate, introduced by the National Department of Hygiene, since June 30, 1939. Moreover, in July of the same year, Bill No. 12,583 potentially restricted the narcotic traffic, and modified articles 376,377, and 386 of the Code of Criminal Proceedings, not permitting provisional liberty for those charged with "illegal sales, delivery, or use of narcotics," or failure to pay special tax. The modification of these articles of the law was to good effect. Already a very reduced percentage of indictments is noted. Apart from these two reasons for the considerable dwindling in the number of illegal peddlers, there is perhaps a third cause. These figures should be taken with certain consideration since they correspond to the actual years of the war, and

the difficulty of importing European articles indirectly favored the lack of merchandise and the suppression of hidden traffic.

In comparison to the improved situation in this country, it appears very significant to me that the United States has also announced a considerable reduction in the number of narcotic addicts in the 1940 report. The number of addicts known to the authorities has diminished 66 percent in the past two decades. This is attributed to the strict enforcement of the law, to control of price and manufacture, and finally, to the ultimate scarcity of drugs on the hidden market.

An analogous situation exists in Canada, according to recent information from Colonel C. H. L. Sharman, Chief of the National Narcotic Division of that country. He says that there has been a complete interruption in the illicit drug traffic coming from Europe. For example, the price of heroine on the illegal market has risen to a fantastic height, almost seven-hundred times higher than the price one would pay for the same quantity on presenting a regular medical prescription.

Returning to the situation in this country, I would like to add that I have deliberately abstained from enumerating the separate drugs, because to my mind they do not form an adequate base for comparison, for the number of delinquents held is not in any way in accord with the amount or weight of material found, and neither does it give a true impression of the quantity of drugs handled. On the other hand, the number of traffickers arrested annually shows the situation with certain fidelity, on the supposition that the work of the Cabinet is beginning to function, year after year, in a manner comparable to biological units in medicine.

The most important things to me appear to be the proper judgment of the situation and the tenacious action of the Narcotic Bureau (Cabinet) of the Police of the Federal District who have been able to wipe out some bands of international peddlers who have established themselves in Buenos Aires.

In the records of the Cabinet 1,500 persons are registered according to their use of drugs, and also 620 peddlers and dealers. Among these, there are some that use drugs. As you will see, these figures include only registered addicts. For obvious reasons the only fact known of the majority of addicts is that they do take drugs. The total number of addicts, unfortunately, is very high.

I would like to add, at this opportunity, that the police work relating to drugs differs from almost all other types of police work, through lack of complaints and also lack of concrete evidence and the

impossibility of recovering the merchandise in question for the owner. Moreover, the police encounter great difficulty against rings of culprits who are at times of high social standing.

The country that has analyzed the relations between narcotic addiction and criminality, scientifically as well as practically, based on considerable material and employing all possible methods, is the United States. First a statistical study was begun which has been the base for general conclusions.[34] The base of this material is as follows: 4639 sentences pronounced against violators of the narcotic law during the course of two years (July, 1934 until June, 1936); the previously condemned violators during the last six months of the mentioned period totaling 1268; the number of registered or unregistered drug dealers convicted during a period of 5 years (11931 to 1935); sentences of "probation" pronounced against violators during a perior of 2½ years (from January, 1932, to June 30, 1934).

The United States has a special form of sentence, similar to the English system which is called "probation." It is thoroughly supervised liberty. When the court gives probation to a delinquent, who is, at the same time, a narcotic addict, one of the conditions of this act of grace is the provision that he will submit to narcotic treatment in one of two large specialized government hospitals. The act of interning a person in an institution of such nature does not mean, in any manner, that he will be treated like a prisoner. He must remain there until the doctors consider him cured, while the narcotic addicts who enter voluntarily in order to submit to treatment cannot be held against their own will.

The results of this wide study produce facts of fundamental importance.

Only 11 percent of the convicted drug dealers are registered. The number of violators who were narcotic addicts at the same time, was very alarming, nothing less than 72 per cent of the mentioned 1,268 offenders. Forty percent had infringed the law as many as three times. Of this percentage 37 percent had violated the law one time, 26 percent two or three times, and 17 percent four or more times. Thirty-eight percent of the 1,268 had committed other crimes beforehand, running the gamut from homicide to vagrancy, and leaving a total of 4.3 crimes for each individual. Fifty-eight percent of the 1,268 violators were registered before police officials for violation of the narcotic law and other crimes, or for both at the same time. Violations of said law are even more important when the offenders are, themselves, narcotic addicts.

The drug peddler, especially when he is an addict, is a person of low moral standing. It is not surprising that 51 percent of the condemned have also been sentenced for disorderly conduct, vagrancy, prostitution, and other acts committed by persons of this class. Forty-two percent of the crimes committed spring from motives of profit, robbery and theft, while the crimes of violence including homicide and assault do not reach more than 4 percent.

No direct correlation exists between the number of violations of the narcotic law and the density of population. For example, the offenders in the State of Texas reach 9.2 (per 100,000 population) while New York, with double the number of inhabitants, reaches only 1.9. Moreover, in Hawaii, with only a fraction of the population of Texas, has 28.0. It can be seen from these figures that the density of population is not a determining cause of the high percentage of offenses. Without doubt, however, it exercises great influence in large metropolitan areas, in poor sections with a high percentage of population of oriental origin, and also, easy access to large ports. Considering these conditions, it is possible to reach the conclusion that the State of New York should have the highest percentage of offenders. However, in reality, the State of Illinois surpasses it three times in violations. The significance of this comparison is the simultaneous decrease in the number of offenders with the increase in the punishment.

State	Number of Offenders:	Average days of Sentences.
Illinois	751	481
California	273	618
New York	247	873

According to these figures the most severe sentences have the greatest influence on the offenders. The most favorable place for a peddler would be, in consequence, Illinois, not New York. However, the very high number of violators on the Island of Hawaii is explained by the presence of many people of Oriental origin, among whom the habit of smoking opium prevails.

The fines imposed do not form an important factor. The average was $213 (U. S.), and only 19 percent of those convicted were fined. The usual punishment was imprisonment for an average of 672 days, or a little more than a year and a half. Only 6 percent of the prison sentences reached 5 years. The duration of sentences grew with the

number of previous violations of the narcotic act. It is surprising how many offenders with two or more violations of the law were sentenced conditionally and no explanation given. The percentage of probational and suspended sentences of this type was not very high. It really reached only 14 percent. However, in some North American States this proportion may show a serious aspect if the number of probational sentences is high and the number of actually imprisoned offenders is low. From the high number of second offenders it is shown that probation is not a very effective procedure with violators of the narcotic law. Very frequently, to be exact in 34 percent of all cases, the prisoner was released from probation after a brief lapse of time. Thus it appears that this method in respect to this type of infractor has a "negative value."

Observations of other authors, of which at this time I can enumerate only a few, show that information not only does not coincide but at times diverges.

Raynor and Bauer have made it known that 70 percent of 1,292 individuals treated in a special North American institution for their narcotic addiction had criminal ancestors and that more than half of them had violated laws as the result of their habit. According to the experiences of Kelly among the prisoners in Burma, the majority of convicts had begun their criminal career as a direct result of their addiction.

Moreover, a thorough analysis of 225 cases in the United States by Kolb has revealed that the majority of morphine and heroine addicts were criminals before becoming addicts, and that no opiate had directly induced them to commit a violent crime. According to Kolb, morphine and heroine addiction are only incidents in the criminal's career.

H. J. Anslinger, Chief of the Narcotic Bureau of the United States at the 24th session of the Consulting Commission of Opium in Geneva, emphasized that according to evidence found by him, narcotic addicts are first criminals and later become addicts.

In an analogical manner Colonel C. H. L. Sharman, to whom I have already referred, according to his address at the 25th session of the Consulting Commission of Opium in Geneva, in 1940, showed that the majority of 50 condemned narcotic addicts and peddlers in a single Canadian city had been arrested before, often many times, for other misdemeanors.

Another recent investigation held in the United States coincides with this evidence. It was found that many criminals with long police

records later took drugs. Eighty-three percent of 93 histories of narcotic addicts taken at random had long records, and some had short records, acquired before their association with the drug. Here, then, narcotic addiction appears as one of the final phases in a criminal's career.

In comparison, experience shows that in England where not only the number of addicts is extraordinarily low but the relation between addiction and criminality is insignificant, alcoholism presents much more of a problem.

The United States does not stop with simply sentencing the offenders, but combines, as much as possible, with the judicial aspect necessary for the protection of public health, other social and medico-social measures for the patient and his rehabilitation. I would like to refer, at this time, to the model institution I have previously mentioned in detail,[42] for the treatment of sentenced offenders. In order to be able to effect a satisfactory cure it is necessary to have sentences sufficiently long. Sentences of short duration are not efficient in general, not even as a warning, because the offenders do not benefit from such treatment. Probation is not a worthwhile undertaking either, unless it is combined with treatment in one of the national hospitals.

In view of the foregoing it is better to sentence narcotic addicts to terms of considerable duration for reasons of medical treatment.

It is not possible to simplify the judicial part of the problem in question because of the complicated nature of the crimes, and also by reason of the criminal himself. The types of offenders range from the degraded small peddler, who is at the same time an addict, to the wealthy ringleader. The narcotic addict himself very often believes in the necessity of entering the sphere of vice, and is thus included in the circle of social corruption. The small peddler is not dangerous for the small quantity of drugs which he distributes but as a propagandist for them. The large illicit dealer constitutes the real menace because he is truly between the smuggler and the peddler. He commits what is perhaps more serious than a capital crime for he breaks the spirit of many people, and does much more damage.

The aspect changes when mere confinement is considered instead of confinement and treatment.

In this respect the longer the sentence the better the effect, especially considering the fact that most offenders of this type are second offenders. All large ringleaders who dedicate themselves to illicit drug

traffic should be sentenced to maximum terms. That way, at least, they are kept from their evil activity and the imprisonment minimizes the attraction of easy fortunes.

However, in these cases, one should avoid having too many addicted prisoners in a prison, due to the undesirable effect on the other prisoners, and because of the bad effect that certain veteran criminals exercise on young, inexperienced inmates. Twenty percent of 80 criminals analyzed in a large prison in British India[8] confessed that they had acquired the use of narcotics during their imprisonment due to the suggestion of their fellow inmates. Their object was easing the monotony of prison life, and making themselves able to do hard work without feeling tired. Our attention is called to the fact that it is evidently possible to provide oneself with drugs even in prison, in spite of the supposed strict vigilance exercised by the authorities. A. C. Prentice made similar observations in the United States, and equal irregularities are known in no small number of public and private institutions during the treatment of intoxication, which I have been able to investigate in some countries. The drug is brought to the prisoner by friends during visits, or is bought from other prisoners, from guards, or from sick persons in the same prison.

The easily understood anxiety to remedy the situation created by the abuse of drugs is logically transformed into a tendency to establish rules of universal application. But in view of the individual conditions of each case and the national situation in different countries, we must avoid the sophism of generalization. The difficulties of the problem are large. The sentence should take into account not only the necessity for imprisonment but also the pathological need of the prisoner; not only the protection of society, but also the future of the condemned. Moreover the punishment should be severe enough to prevent any possible repetition of the crime. A strict collaboration is necessary between the criminologist and the physician in order to find the most effective solution possible to the problem of the narcotic addict.

Abundant material exists concerning the particular influence of the different drugs with relation to criminality from which I can only extract a few aspects.

I pass over the alcohol problem, very often discussed and well known, and which does not pertain to the subject of narcotic addiction itself.

I would simply like to mention that certain mental conditions produce more intoxication. Many cases of mental disorder in the form of

dementia have been discovered because of a crime committed, due partially to alcoholic intoxication. I do not have, at this moment, data on typical drug cases.

Opium and its effect—good as well as bad—has been known since olden times. In the Far East it did not influence the public health nor the social structure. Its mischievous effects appeared only after the discovery of morphine in the year 1804, and the invention of the syringe in the year 1853. Its use was incited even more by the wars of the times, the Crimean War (1856), the Franco-Prussian War (1870), and the American Civil War (1861-65). These wars, by reasons easily explained, contributed in a way not imagined beforehand, to the extension of the use of morphine and, fatally associated therewith, to the circumstances which lead to morphine addiction.

This explanation is closely linked with the criminal. In general morphine addicts do not have any inclination to commit violent crimes, which have no relation to the action of the morphine or the reaction of the addict. In reality, to mention extremes, morphine makes the addict more capable of committing robbery than homicide. Apart from the mental constitution of the majority of morphine addicts, the poverty so frequently observed in the narcotic addict induces him to commit crimes against property because he has no other way to acquire the drug, neither prescriptions nor money.

According to critical observations the same is true with *heroine*, although some authorities disagree. However, due to its more disastrous effect on character, since it is five times stronger, and since it can be inhaled like cocaine, the influence of heroine is even worse than morphine. Lastly, because of its effect, heroine presents a social and clinical problem even worse than morphine. Therefore the abuse of heroine should be suppressed with even more energy than morphine, and as soon as it is possible, its medical use should be curtailed. Many countries have already done this by reason of a recommendation brought about at the 1931 Convention in Geneva.

Taking *opium by mouth*, as in India, appears to inhibit the impulse of natural violence even more. It diminishes vitality and reduces ambition and courage, characteristics which compel an impulse toward criminal acts. It is consequently true that in all probability those who take opium by mouth will steal long before they will kill. Also it is a well known fact that certain narcotic addicts are mixed in the illegal drug traffic and that they frequently handle stolen goods.

The bulk of experience in British India on the effect of *smoking*

opium has not revealed any relation between smoking opium and crimes of natural violence. The crimes committed by smokers of opium are, as a general rule, of a minor character because smokers are usually passive and indifferent people who avoid physical force. In this respect the smoker of opium differs from the smoker of *ganja* or *charas* or smokers of *canamo indico* (Chopra). The latter are frequently excitable, or maniacs, and are capable of committing serious crimes including homicide.

These statements are in accord with the investigations made by To in the Japanese colony of Formosa, which, due to exterior and administrative conditions are presented as especially favorable to a study of this type. However, the law violations on the part of smokers of opium surpassed two or three times the total number of law violations by non-smokers. During 28 fiscal years 1.08 percent of all opium smokers committed violations against the respective laws but only 0.412 percent of the population in general. These crimes particularly concern attempts against property, falsification of documents, robbery, etc., and with less frequency, acts of violence. The most recent statistics from this front confirm these data, revealing that 70.83 percent of opium smokers are delinquents, while only 29.17 percent of the population in general.

There is not any doubt that *cocaine* is rightfully considered as one of the most efficient causes of criminality which should be attributed to the fact that it makes the moral sense of the habitués fall into a state of atrophy.

According to police experience there are criminals who take cocaine to produce the thoughtlessness and daring favorable to a major crime. Cocaine, however, does not cause criminal impulses, but it increases the mental and physical energies of the criminal in such a manner that he is able to use these impulses in action. Then, when he is under the influence of the drug, he is very aggressive and uses his weapons against the slightest resistence that opposes him. If he were not under the influence of the drug he would flee to save himself. A. H. Sirks, who was in his time Chief of Police of Rotterdam, and for many years Technical Advisor to the Consulting Commission on Opium Traffic and other Drugs of the Society of Nations, claims for example that many "gangsters" of Chicago, also called "Tommy Men" are cocaine addicts and that under the influence of the drug they display a desperate and intrepid courage marked by its lust for blood.

Sometimes cocaine is also used so that, in case of capture, there will be a reason to ask for suspension of sentence, or at least, to invoke

the benefit of attending circumstances; the criminal declaring that he was under the influence of the drug. According to the concepts that govern penal legislation in the majority of countries, and also for the psychological reasons involved, the informed judges will refuse to reduce the responsibility, and on the contrary, will be pronounced in favor of extending the punishment, keeping in mind the extreme danger of the criminal.

The effect generated by crimes committed under the influence of cocaine appears to minimize the conception which treats alcohol in the same sense, and it has been noted that cocaine has a disastrous action, potentiating the effect of some drugs when combined with them. It has been proved that the combination of cocaine with heroine favors criminality to a maximum.

The influence of *coca leaves* on criminality really deserves a separate chapter.

It would be a long and detailed work to study the relationship between coca leaves and crime, and fully appreciate its influence. In order to understand the facts we need statistic documentation as well as experience on the influence of the other factors of delinquency. In the Sierra Peruana one can study these interrelations to best advantage. Luis N. Saenz, a well known authority on cocaine in that region states, "It is a well known fact that delinquency and crime among the people of the Sierra which is not the result of violence or the sudden release of sentiment and passion almost always bears the mark of the extreme cruelty of the criminal. The action of coca contributes to the absence of moral sense, or the laxity of ethics. Its exciting action is summed up, according to its users, as "valor." It even makes native children lose their terror of the dark and their fear of being alone.

Alcoholics before attempting any crime resort to alcohol, and cocaine addicts to their cocaine, and in similar cases, the coca user his "chaccha." According to Saenz, in the Sierra Peruana the pratice of the popular element to precede any attempt at crime by a good "shot" of coca as a stimulant is frequently observed. It is used alone or combined with alcohol. There are other strong factors, then, that are a basis for crime, and among these especially the factors that generate an inferiority complex: heredity, environment, education, improper care as a child, etc. In many cases it is an inferiority complex and addiction combined that form the principal root of criminality. In drawing a psychological picture of this type of criminal the renowned Peruvian

author Enrique Lopez Albujar, speaks of them as "gentlemen of crime" (Gentlemen Bandits).

Similar facts have been noted between chewing coca and cocaine addiction; one, a change in conscience that causes the addict to lose his respect for the lives and property of others.

The statement that criminality is proportionately larger among the Indians of the Sierra than among those of the coast seems to disprove the existence of a direct relation between the abuse of coca and criminality. Without wishing to minimize the factors in favor of the plant in the etiology of criminology, this observation is not absolute proof in my opinion. I refer in this sense to the psychological influences already mentioned.

We must mention in passing the generalization of the coca habit among the inmates of all the Peruvian prisons. In the Lima Prison, according to Seminario Helguero in April, 1935, there was a near revolt because of lack of coca.

Coca, and not alcohol, is the primary factor of delinquency in the mountains. Alcoholism is stated by criminologists as a factor in delinquents not because it leads directly toward crime in all cases, but because of psychological changes, intellectual as well as moral, due to the poverty and lack of adaptation which it causes. Here the effect of coca is considered like the effect of alcohol, but much amplified.

Moreover, when the coca addict is under the influence of his drug the quantity of alcohol he needs to inebriate himself is much larger than when he "had not taken a shot" and inversely, the effect of the alcohol diminishes upon taking a shot. The same is known to be true in relation to cocaine.

There is no doubt of the relation of the coca and cocaine which I have just described to our problem. It is not possible, however, to form an opinion on the influence of coca and cocaine on the type of crime through lack of proper data.

Finally, we must discuss briefly the relation between criminality and the effect of *Indian Canamo*, known under the names of *hashish* and, in our continent, *marihuana*. This last name originated in Mexico and is now officially accepted in the United States.

The extent of marihuana in the United States gives us a significant example of the advance of a narcotic in a country where it was not (or scarcely) known (another instance of this; the extent of cocaine in India, see P. O. Wolff, 1932). This abuse happened particularly during the years of 1935 and 1936, while 10 years before it was relatively un-

known, except in some regions of the southwest. Unfortunately in such a short time this drug has become a more important factor than we might imagine. During my stay in New Orleans in 1932 I was able to observe some cases. At this time one hundred and twenty-five out of four hundred fifty prisoners confessed they used marihuana. Actually, during a period of five months, 1,500 violations of the law were registered. The situation created is especially dangerous because the abuse included a group of persons who previously were not contaminated by habits of this type.

The following facts facilitate the spread of marihuana: It grows wild and it is extensively cultivated for industrial purposes, for the production of its soft and resilient fiber. This has doubtless served to spread knowledge of it, and also, to incite abuse of it, although we are not sure of the extent of abuse this caused. On the other hand, the fact remains that it is only necessary to smoke inexpensive cigarettes costing a few cents each to obtain the effect of the drug. In the beginning peddlers even gave cigarettes to college students so as to accustom them to the use of the drug.

The facts concerning marihuana are even more complex. It has not been clearly proved whether it causes a dangerous addiction or not. According to experience, it can only be established that it has a disastrous effect on a great many persons, and that it produces a certain grade of addiction when smoked over a long lapse of time. Numerous marihuana users, although not all, feel the need of increasing the dose, but it still does not produce the same slavery as other opiates. There is one dissenting opinion (Bromberg). According to him, marihuana does not produce any addiction whatever. This observation, however, differs considerably from the rest.

However, even more serious than the grade of addiction that results from marihuana itself, according to Walton, is the fact that a considerable portion of marihuana addicts are induced to take heroine.

The physical and mental effects of marihuana without a doubt lead to a mental and moral degeneration. Although it does not, or does not seem to produce a physical dependency, this drug is certainly more deadly than opium when one views its consequent mental effect.

Knowing that the marihuana user can convert himself into a dangerous individual one should not think that whoever uses marihuana has criminal tendencies. On the other hand it is not doubted that the excessive use of marihuana tends toward crime. Many times one does not treat intentional misdemeanors, but others that originate partly from

the situation, partly from a pathological reaction, and partly from the state of impulsiveness which exists while influenced by the drug. In this respect marihuana is similar to alcohol, although probably much more dangerous due to the peculiar sensations and hallucinations which it produces. A communication received from Dr. J. Chelala-Aguilera, member of the Cuban League Against Narcotics, gives us an example of these hallucinations in relation to police work. He says, "It is very often the case that addicts imagine they are parrots, and promptly climb the nearest tree from which they make sounds like the bird itself. The police, knowing of this type of hallucination, capture them easily by calling to them as if they really were parrots, and they come down meekly."

Inhibitions disappear; reason becomes deformed. Considering the individual reaction the character of the person is of maximum importance, particularly when he is under the effect of the drug. It very often produces a state of extraordinary sensibility, and an excessive irritability as a result of ideas which appear rapidly under the influence of hashish. The state of fear, delirium and extreme excitability continues to such an extent that it leads the individual toward homicide or suicide. Often marihuana users feel persecuted and finally convert themselves into persecutors, attacking all those who cross their path. This diabolical effect is called "amok" by the Hindoos.

The addict moves to extricate himself from some imaginary danger and thus attacks, becoming dangerous, because marihuana notably augments individual inclinations. Thus many criminal acts are explained, whose origin should be sought in the characteristic effect of this drug. Consequently, when under the influence of this drug, trivial slights become sufficient for an attempt on the life of a third person, sometimes without any motive whatever. Here the name "hachichin" (assassin) originates. This refers to a person who, under the influence of the drug, will kill as ordered.

Some of these addicts like the reputation of courage, intrepidity, and impetuosity. They are men that want to prove their strength by any available manner. Among their cohorts who have less courage they act the role of heroes, and are the first in line when there is a dispute with third persons, if they have not been provoked themselves. This tendency is manifested so much that their admirers like them a great deal and avoid exciting or offending them. But, in reality, they are not very authentic heroes. During the effect of the drug they, themselves, are

victims of hallucinations and fright as well as the others, and they flee when the situation becomes dangerous.

Active persons feel the effect much more intensely than do others whose lives are more dispassionate and insipid. Marihuana augments ideas and illusions that are already impressed on the brain, but does not create others. Thus it is possible for a person with a deformed mind to put his criminal tendencies into practice. He is under the effect described; a state of suppressed inhibitions and lack of normal self control.

The effect is different with a sane person. When he comes under the effect of marihuana he acts like an intoxicated person. He annoys himself and those around him, but he does not constitute a danger. This difference, to my mind, is very important.

Even when taken in modest quantity, marihuana does not lose its danger. It affects perception—the sense of time and space particularly. This can be the cause of accidents, when, for example, the marihuana smoker drives an automobile.

The stated facts seem to disprove, without more ado, that the legal responsibility in these cases continues to be a subject of controversy, since we should take into consideration all the different grades of temporary mental changes caused by the drug.

A great many criminals are found in this type of addict This is proved by the police of many countries of the Far East, North Africa, British India, etc. The Arabs, for example, are wild about the stimulating effect of hashish. According to observations of the police in Athens the majority of this type commit violent acts, corporal crimes, transgression, profanation, armed robbery, sex crimes, even rape, etc. Many have previous criminal records, or are professional thieves.

There are cases of habitual criminals who take hashish in regions where its use is not very common, when they intend to commit crimes. A well known story is told by H. W. Maier on the case of a patient observed some years ago in Switzerland. This man, both cocaine addict and criminal, told that people of his class took cocaine and also marihuana so they could "work better."

The danger of marihuana is revealed, moreover, in the fact already mentioned in regard to other narcotics. It spreads to other persons. This is particularly observed in the prisons of countries where the plant is clearly abused. Addicts in prison initiate other prisoners in the same prison. Bloody battles betwen groups of marihuana addicted prisoners are not rare. This is due to the hatred and distrust created by the effect of the drug.

A special commission in British India, where, in spite of great care, the problem has reached enormous proportions, has been unable to reach definite conclusions on the problem of the hazard that exists between the excessive use of hashish, the consequent mental disorders, and crime. In 1935 Chopra, after numerous clinical observations, showed a distinct but not definite correlation between the effect of marihuana, mental disorder, and criminality. After having collected more information in 1939, the same author, who has wide experience in this field, stated that the commission of certain major crimes under the influence of marihuana did not *necessarily* prove the existence of a sure and definite relation between the drug and crime. This does not form a base, however, for any analogical reason with respect to alcohol, or the mental condition that the latter produces in known cases. It gives rise to a sensation of bravery and courage, and depresses certain cerebral centers, in which state very serious crimes originate. In general, or at least in India, the abuse of marihuana occurs mainly in the class of people that usually produces the majority of criminals. Chopra says that no conclusive proof exists to show that marihuana *provokes* crime. This situation changes somewhat when one considers *premeditated* crimes. Because of marihuana's tendency to inhibit the function of the addict's natural disposition and augment his real character and individuality, it is especially capable of leading up to crimes of natural violence.

For reasons already stated, however, these statements refer only to India. The situation in other countries, and also the opinions of the authorities cited, will be different, as I explained before. This example of India demonstrates the complexities of the problem and also the necessity of specializing on the nation, and also the type of person concerned.

This brief analysis of marihuana shows, I hope, its menace to public health. Therefore I have emphasized this point, to exclude all possibility of its future extension in the South of our Continent.

The relations between the medical, legal, and social aspects of narcotic addiction are rather wide. While we doctors are searching for really efficient methods of treatment, the legislators, criminologists, and sociologists are contributing, with all the means within their reach, to the suppression and prevention of the anti-social results of narcotics. Illegal traffic, which menaces public health, and which would be a much greater menace if it were not for national and international laws and restrictions, is not treated alone. These restrictions, with

their prophylactic theme, and their subtle rules, harass the medical profession as well as the addict.

Peddlers and addicts form a solid block. The peddlers are responsible for the addicts because if the peddler diasappered the illegal users would also have to disappear.

To arrive at the ideal much scientific work, and also numerous administrative and organization measures, medical as well as criminal, will be necessary. I would like to take advantage of this opportunity to cite some things that could be done in our battle with addiction. Among other things I favor a collection of all the sentences pronounced in the Republic, and moreover, a statistical evaluation of the causes and relation of addiction to other crimes, and the sentences pronounced, and a comparative study of the laws and penal conditions in other countries, particularly in our continent.

For all practical purposes it would be very desirable to form a national narcotic bureau, made up of the necessary personnel, and having power not only in the Federal Capitol but in the entire country. Together with this measure the use of narcotic order forms should be made obligatory for all doctors in the territory of the Republic.

Moreover, an obligatory registration of all narcotic addicts in the country would be advisable, similar to a health card, and later obligatory abstinence, and the retention and internment of all of them. It is understood that in order to accomplish anything it would be necessary to establish a special hospital for the social readaptation of the treated addicts.

I know that these are extensive demands, but I have the optimistic confidence that it is always better to make ample plans in order to be able to accomplish the most urgent. At any rate the tendency toward establishing specialized hospitals already exists in this country. The question is already in the hands of competent authorities. If this plan materializes it will be of great medical and social merit.

We should not let ourselves be deceived by the relativtly favorable situation in respect to illicit drug traffic. I have already explained the reason for such reservation. We must look to the future. Some day, when the world's' political situation changes, the situation will also change for the narcotic addicts. I say this remembering the hasty extension of addiction which came about in the post war period some twenty years ago.

We must never tire of applying the widest possible preventative measures, which will at the same time diminish the criminality caused by addiction.

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APPARENT RECOVERY OF A SEX PSYCHOPATH AFTER LOBOTOMY*

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In 1939, J. S., a white man, 52 years old, was arrested, tried and sentenced for an offense of carnal abuse involving two seven-year-old male children. The children were sitting on the beach when J. S. approached and offered them 25 cents to go in bathing with him. When they came out of the water, he lay down on the beach and suggested to the children that they beat him with his leather belt. While he was being beaten, he reached up and patted the boys on their buttocks. Then he arose, played with the penis of each child for a short time and induced them to manipulate his penis until he ejaculated.

Two weeks later, when the boys were taken out for a stroll by their parents, they recognized J. S. in a park. He attempted to run away, but was overtaken by two policemen and arrested.

J. S. is a quiet, studious, unassuming, meek, white-haired and slightly bent New-Englander whose parents and grandparents were born and reared n Massachusetts. There is very little known of the paternal grandparents. J. S.' father was a slightly built man in good health. At the age of 75, he developed asthma and died ten years later. He was a shoe salesman, a steady worker, and a moderate user of alcohol and tobacco. A kind and much loved person, a Unitarian, reserved and nonassertive, he was the lesser power in the family constellation. No marital discord existed since he readily and willingly gave way to the stronger will of his wife.

The maternal grandfather of J. S. died at the age of 93 in a state hospital, suffering from psychosis with cerebral arteriosclerosis. He was a butcher by trade, a good provider, and well adjusted in married life. The maternal grandmother died at the age of 94 of cardiac complications.

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His mother, a matriarch, positive and domineering, died at the age of 78 of cerebral hemorrhage. In spite of her marked obesity, she was looked upon by her son and others as a beautiful and charming woman. A better than average pianist, endowed with a good voice, he was always ready to demonstrate her musical ability at social gatherings or in her home circle. She had the reputation of being a good business administrator both in the home and in a real estate development in the community. Even in her advanced age, he preserved her charm and influence over others. Her strength of personality caused her to be regarded as an outstnding member of the community.

The patient was not aware of any sexual difficulty between the parents, though they showed little warmth of feeling or demonstration of affection toward each other.

As a child, he was not pampered, but all of his material needs or wishes were fulfilled by one or the other of his parents and he was inclined to feel, in retrospect, that he was spoiled by them. The only sickness he recalled was scarlet fever, at the age of ten. This left him with a slight stammer which remained throughout his life and became accentuated under emotional strain.

His two outstanding recollections were the tendency to prefer participation in very young girls' games such as playing house or with dolls, and the very frequent and severe punishments received from his mother. For the slightest offense, she would beat him with a strap, or birch switch, or with her hands on his bare buttocks. He was punished this way at least two or three times a week until he was fourteen or fifteen years old.

At the age of ten, during these ordeals, he became conscious, in addition to the pain and humilation, of a vague sense of pleasure. This sense of enjoyment increased more and more and when he reached the age of thirteen, he responded with erections. It added to his embarrassment that he had to hide this state from his mother. Shortly afterwards, he started to experiment with self-punishment in privacy. He tried out different implements, such as a razor strap, birch switch, or ratan. This solitary practice was disclosed gradually to his intimate friends and he persuaded them to perform this punishment on him.

The developing sexual tie between the boys was connected with a great deal of discussion on sex topics, leading up to homo-sexuality, both in passive and active forms with oral and anal gratification. Masturbation became a daily occurrence, usually before going to sleep with an accompanying mental picture of a young boy's genitalia.

Though polymorph sexual drive was present, the masochistic tendency and practice became the dominant tone of his sexual life. In general, he would address a young boy who attracted him with a casual remark about the weather or some game. If the boy responded to this approach, "a feeler" with an off-color story was attempted "to test him." If the boy became interested, he would follow through with three or four stories of the same type.

Not wasting much time, he would ask the method of punishment used by the boy's parents, then would relate his own experiences, disclosing the secret that he enjoyed being punished and would gladly pay for it. He found that many children could be influenced this way. A trifle backward at first, always suspicious that he might hurt them, they became more confident later when they learned what he really wanted and would willingly co-operate. Several boys used to come to his home regularly for their weekly earnings. To stimulate their interest, he would relate entirely fictitious experiences with the opposite sex, then at an opportune moment expose his penis and induce them to masturbate mutually.

Sometimes the suggestion of fellatio was introduced and then carried out. The culmination of his experiences came in the performance of a masochistic act, for which he would strip himself, lay face down on the bed, or on the ground, hands and feet securely tied, and receive the strokes of a whip from the waist down to the ankles. He generally made up some excuse for this punishment such as receiving low marks for his careless work or disobeying a command, the child involved being coached to pretend to be his father whom he was disobeying.

As a youth, J. S. preferred that the punishment be not too severe and would say "Not too hard," but in his mature age he always demanded that the entire strength be used in the punishment. He was never satisfied until the buttocks and upper thighs were deep red and covered with marks. The color element, he thought, and the after heat, with its tingling sensation, contributed greatly to his pleasure.

During the process, he would suffer from the pain and his muscles would contract, but he did not want the beating to stop until the number of strokes previously agreed upon were delivered.

When these were not hard enough, he became exceedingly resentful. The length of the whipping was not measured in time, but by the number of strokes of which there would be never less than twenty and more frequently forty or fifty. He always wished to have them equally distributed on both sides. When the ordeal was over, he would ex-

amine the afflicted parts carefully and a feeling of great satisfaction would arise inside him. "I have been soundly whipped" would usually be his first comment.

A feeling of humiliation was always present because he had submitted himself to the domination of another person. The reverse of the situation never interested him. If he were requested to take the sadistic part, he would decline or would place the palm of his hand slightly on the buttocks of the other, never registering any satisfaction. He never masturbated during a whipping, but frequently indulged in masturbation for half an hour after the chastisement, usually as a mutual act.

Although he had a social acquaintance among women, he never in his life evinced any interest in them and never experienced any affection or stimulation in feminine company.

A high school graduate, he was employed in a secretarial capacity for commercial firms and brokerage houses. On several occasions when his sexual irregularities were suspected, he had been forced to resign positions. Throughout his life, he lived with his mother and supported her.

He was physically sound, five feet ten and one-half inches in height, weighed 137 pounds, was somewhat prematurely grey and aged in appearance. His face was deeply lined. He was apologetic and courteous in manner. His quick and jerky nervous movements indicated great psycho-motor instability. The expression of his eyes spoke of agitation and discomfort. On occasion, he showed diffuse sympathetic discharge. Other characteristics were a marked tremor of the fingers, closed eyelids, vasomotor instability, alteration of the tone of voice, marked perspiration of the hands, and frequent general weakness, bordering on collapse under emotional stress. Leptosomatic in build, he showed well developed genitals, male hair distribution, and marked growth of beard. Psychometric examination (Stanford Binet) gave him a mental age of 17 and an I. Q. of 130.

The educational supervisor of the institution, to whom the patient was assigned as a secretary, characterized him as a capable stenographer, conscientious in his work and anxious to perform his task accurately and neatly, but apparently under unusual nervous strain. He showed great agitation and on several occasions, during periods when he had a great deal of work to do, he almost collapsed in the office. He was timid rather than aggressive in his relationship with others and appeared continuously preoccupied with some inner conflict. He was a fast steno-

grapher, but suffered some stress taking normal dictation. In such situations, he stuttered occasionally and his hands would become tremulous. He talked freely about his personality problems on many occasions. Much of the depression that he evidenced seemed to be associated with strong feelings of hopelessness. He appeared to be in a continual state of emotional disorganization.

During detailed analytical study, the patient himself indicated that he was continually obsessed with erotic fantasies of a masochistic nature. His dream content and free asociations indicated that his psycho-sexual emotions were fixed on an infantile level and attached to the mother image, while the father was completely rejected in his emotions. A feeling of guilt, ever increasing in proportion, made him welcome the sadistic punishment of his love object and inhibited any inclination toward a higher sexual integration. Meanwhile, a constant state of anxiety became so marked that it seriously interfered with his performance, already depleted by auto-erotic practices of compulsive and obsessional type. Insecurity and fear of the future so overwhelmed him that the possibility of ultimate release from the institution became his constant worry. This state was accentuated by a feeling of panic at the possibility that he might commit an offense carrying a compulsory death sentence.

He thought frequently of a notorious case in the past of an elderly man who enticed a little girl into a vacant house where he committed diversified sexual acts which resulted in the death of the child. This man was eventually executed and J. S. felt that a similar fate might be in store for him upon release.

A lobotomy was decided upon in view of his agitated state, a poor prognosis of his adjustment under conservative methods of treatment, and the fact that the compulsive force of the obsession over which he had no control might drive him on to further offenses, thus entailing a great risk to society and himself.

It was expected that by severing the thalamic pathways, the complex formation would lose the emotional depth and driving force, and that the function of the frontal lobes in repression or other dynamics of obsession-compulsion type of sexual psychopathy would be more clarified.

The patient was prepared without drugs. A local anesthetic was used, 1% novocaine. Under this anesthetic a linear incision was made on each side in the temporal region, approximately over the situation of the coronal suture with the center of each incision 5 cm. above the zy-

goma and 3 cm. posterior to the external edge of the orbit. A small trephine button was removed on each side. The dura was opened and through an avascular area a brain needle was inserted to a depth of about 8 cm. When the right side of the ventrical was reached, the needle was reinserted slightly more to the anterior. On each side then, the needle was swept downward toward the orbital plate and upward toward the vortex. Afterwards a narrow peri-orbital elevator was inserted on each side and the incision repeated in order to make sure that the pathways were cut. Closure was made with interrupted silk suture to all layers.

The patient became confused and disoriented after the operation, talked in a rambling manner, and lost control of the sphincters for several days. He became slightly euphoric, showed purposeless activity of the hands, and masturbated occasionally for a period of two weeks. In less than 24 hours after the operation, he was in contact with his environment, but lapsed intermittently into states of confusion. If he answered questions imperfectly, he would try to correct himself. The episodes of confusion cleared up entirely in the ten day post-operative period, while the tendency to masturbate and to place his index finger first in the rectum, then in his mouth, remained for two weeks. After that, it gradually subsided and by the third week entirely disappeared.

The patient remained in the hospital for six months and was assigned to secretarial duty in order to keep him under prolonged and continuous observation day and night. His agitation and his erotic fantasies had completely disappeared. The initial euphoria gave way to a complacent interest and a tranquil state of mind. In his work and intellectual performance, he showed no deviation from the pre-operative level. There was no evidence of alteration of temperament. He showed no more acute reaction to external stimuli than he had before and was not irritable or explosive. On occasion, he showed a slight tendency toward sarcasm but on the whole became even-tempered and tolerant. His energy output lessened to some degree, especially in comparison with the keyed-up neurotic acceleration of his pre-operative state. His ego remained essentially the same. There was no sign of increased egotism or conflict with environment. He remained courteous, meek, obliging and attentive, without undue sensitiveness toward criticism.

In a study of the patient by Rorschach method, Dr. Harrower-Erickson described him as follows: "In a group of fifty offenders tested, J. S. shows the best record. Although he is still somewhat on the constricted side and shows evidence of having passed through a period of

marked repression and disturbance, at the present time his record shows balance in regard to both his environmental adjustment and his inner resources. There is also indication that mentally he has achieved some insight into his previous difficulties which would make me hopeful of the permanence of the present picture. This is the only man in the whole grup who shows a normal distribution of emotional energy, namely, the more primitive egocentric emotions are definitely subordinate to a well integrated type of emotional responses. He is not at the mercy of his emotions, nor has he repressed them."

Important features noted were the subjective and objective indication of a newly gained insight, and the development of an ethical sense, that had previously been overshadowed by the patient's compulsions. As a reflection, he explained that his obsessions were so overwhelming that they left no time for consideration of ethical concepts.

Stating his own reaction to the results of the operation, the patient said "I feel exceedingly grateful for all that was done for me. My mind is at ease and old temptations do not bother me. It is for this that I give most thanks. I feel free of an old bondage for the first time in my life. I am relaxed now, and can work and read for great lengths of time without fatigue. I enjoy music and games, attend Sunday Bible class and sing in the choir. In general, I feel that the operation was a success."

Discussion

The pathological inner and outer sexual manifestations were eliminated in this case after lobotomy. Six months after the operation, the patient's adjustment was perfect in a sheltered environment. The state of agitation, emotional panic, diffuse sympathetic discharges disappeared as well as the elaborate sexual fantasies of homosexual and masochistic nature. Within three weeks after the operation, the compulsive drive of his sexual obsessions ceased. Masturbation, a lifelong and daily habit did not recur. Although some reduction in energy output was apparent, his performance and intellectual capacity remained on the preoperative level. The patient gained insight and evidenced a newly developed ethical sense. From a social viewpoint he could be regarded as recovered.

In the therapy of sexual psychopathy, for carefully selected cases, lobtomy, if similar results can be obtained, might be a new and important development. Pathological sexuality is generally recognized as most resistant to either medical treatment or often the most competent and

prolonged psychotherapeutic procedures. Presenting serious risk to society and to themselves, these individuals are penalized most severely as a rule, purely as a defensive measure.

This form of surgical approach is not a solution for all sexual offenders, since, as a whole they constitute a group of most diverse etiological origin. For a certain type, however, where the selection is made on the basis of the patient's age, physical state, a detailed analytical exploration, and resistance to other more conservative therapeutic measures, lobotomy might be considered as a choice. Persons over 50, whose pathological sexual drive increased with their declining years, whose history consists of persistent criminal sex offense of obsession-compulsion type, accompanied by marked agitation or other emotional disorganization and with symbols of penetrating psychological trauma, appear to be the most logical prospects for this type of therapy.

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THE LIFE AND DEATH INSTINCTS
CRIMINOLIGICAL IMPLICATION

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I. INTRODUCTION

There is no more tragic occurrence than when a scientist attempts to become a religious leader. This is no criticism of religion. It is a criticism of the individual who has the temerity to venture into a field about which he knows very little. I would have the same criticism against the religious leader who, late in life claimed that he was a great scientist. The difference between religion and science is the difference between abiding faith and abiding verification.

On the other hand, there is nothing more pathetic than to find individuals taking a great scientist and setting him up as a God. At such a point they do not question what he says any longer but actually seek every word he uttered and pronounce it as the gospel, even though he himself as a scientific thinker had found it necessary to correct many of his views. This process of deification is an interesting phenomenon that I should like to devote a great deal of time to but cannot. Behind it lies the fact that a scientific leader directs the frontier of research for many years and helps to establish many lesser scientists. It is new discovery that establishes the scientist. When the leader dies his old lieutenants hate to give up command of the frontier to others and keep hunting through the remains of the leader for a sign as to what he would have done. Obviously, by his prowess he would have stepped forward and taken leadership. So far, no one in the analytic field has had any semblance of taking such leadership, nor does it seem likely that anyone will appear. So that Freud is being erected to the position of deity by many of his followers. Whatever is said, someone asks, "What did Freud say about it?" and a phrase is found accordingly.

Freud always claimed that he was a scientist and psychoanalysis always claimed that it was a science. I for one plan to consider things

just so. Where Freud presented theory and material to confirm his views, well and good. Where he speculated alone, it will have to remain speculation. The mere fact that Freud said something and a scientist in Timbuctoo finds facts that someone else discovers to be in agreement with Freud, is no reason to give Freud credit unless a like effort is made to collect data that show Freud to be in error in other speculations. After all, thousands of people wrote about dreams before Freud did. We do not say that Freud confirmed Artemidorus. It was the labor, patience, skill, courage, and organizing ability of Freud that makes his work on dreams outstanding and scientific, and properly brings upon him all the appropriate glory and credit. This, however, is different from referring all future discovery in telepathy, let us say, to two or three lines on telepathy by Freud. My feeling is to give all credit to the man in Timbuctoo for what he has done. No finer example of the scientific attitude can be given than that between Wallace and Darwin.

Freud's last pronouncement on the problem of the life and death instincts appeared in 1933, in his New Introductory Lectures. He found it necessary to recognize a force opposed to the pleasure principle and speaks of the conservative nature of the instincts. He says, "And now the instincts in which we believe separate themselves into two groups: the erotic instincts, which are always trying to collect living substance together into ever larger unities, and the death instincts which act against that tendency, and try to bring living matter back into an organic condition." Freud then shows that he sees the kinship of this idea to Schopenhauer's philosophy and adds, "And after all, everything has been said already, and many people said the same thing before Schopenhauer." He admits that these problems are for future investigation and admits that it is not explained how aggressiveness results from an outward turning of a death instinct. His further remarks indicate that it is an entirely open question. Subsequently other analysts used the words destrudo and mortido to describe an aggressive or destruction instinct if not a death instinct or a life instinct. Freud, however, seems to have paid no attention to these terms, for in a paper started in 1938, and which appeared posthumously, he states that there is as yet no term comparable to libido, which would decribe the destruction instinct (*Destruktionstrieb.*)

The brilliance of insight that we see in Schopenhauer and Freud

still leaves us with a scientific problem that must be solved. In my previous lectures I have shown that the problems of telepathy and hypnotism, as well, are only begun by way of solution and clarification. The hypothesis of the life and death instincts is only a starting point for our problem. Here it is wise not to begin with any such hypothesis but to undertake the laborious task of examining the origins of things.

The order in this article, then, will be to make a first brief mention of the complex instinct of self-preservation Then we shall examine the effect of threats and injuries to the life drive or vita. We shall see that even without these threats and injuries, there is a restraining and binding force within the organism that prevents the overfree expansion of life; this is the fatum, a dynamic force. It is not sufficiently helpful merely to make the analogy that Freud does to an 'inorganic state.' We shall go into the facts of human life. The vita and fatum then will be correlated with the sexual drive—the libido. War and peace will receive a new facet of interpretation from this point of view. The new theoretical structure finds new relationships between analyst and patient. Transference (love) becomes secondary to recognizance (recognition and acceptance). The technical approach is more that of an analysis of action and narcissism than an examination of the psyche by itself. This new field may be called narcanalysis. Apart from this introduction and the terminal study of narcanalysis, the material following is, verbatim, from my larger work on the Life and Death Instincts (The Monograph Editions, 1939). Two further years of actual experience have only convinced me more of the soundness of the material of that volume.

The reproductive instinct and sexuality are fundamental in the human organism. Freud did not refute this time-honoured view but rather studied it with unprecented intensity. Certainly we have passed through a phase where this instinct presented itself more cogently for observation than perhaps the self-preservative instinct. This is no complaint against the cute behaviour of the instincts but a plain commentary on the natural scope and range of man at any one time. In more recent times one can see the self-preservative instinct intruding itself into the social horizon more clamorously, or so it seems.

If it is the lot of our generation scientifically to grapple with the self-preservative instinct would be inadequately presented now without its close correlation with our current knowledge of sexuality, for it is

also obvious with little study that self-preservation and sexuality are not like two unhappily separated parallel lines.

II. A CASUAL FACTOR IN THE CRIMINOSES

Elsewhere I have indicated that early traumata may have a causal significance in the criminoses. "In this light I recall certain infantile experiences gathered in analysis of cases. One criminotic recalls being violently torn from his mother's arms by an irate father, never to see her again (he was two years old at the time). Another recalls a stepmother who viciously and in anger stabbed the two eyes of an only picture of the mother (he was four years old at the time). Another recalls a violent beating and a homosexual assault sustained at the age of four. Another cannot lose the memory of a violent thrashing administered by a mother and three brothers for the theft of an old paper fifty-cent bill which was later discovered to have been stolen by one of the brothers most active in the thrashing. Another recalls a Medusa mother who never kissed him or gave him any kindness. Another recalls a vigorously playful mother who, in addition to her manual cuffings, once accidentally cut his penis with a bread knife. Since then I have observed other such traumata—some directly to the psyche, others to the body proper. Thus one recalls being chained up for most of the day by an enraged father. He was four or five at the time. In two individuals there were violent chases through the home, dashing under beds, and cringing with terror followed by violent beatings. These were at an early age. One criminotic recalls standing beside his father as the latter carried on a gun duel with a relative. Another, a little later towards puberty, fled through a fire escape window, his father pursuing him with a gun. One recalls being locked in the bathroom at the age of five or six, an attempt to escape through a window, and a most painful fall. The vertex of his head still is sensitive. Another recalls a fall into a ditch and a prolonged howling for help until rescued. He must have been two or three. He could not get off his back. It is needless to cite others, for this material is but a stepping-stone to other problems. My experience teaches me that such traumatic moments may in some individuals have similar effects when they occur during puberty or even later. However, those experienced early seem more momentous for the development of criminosis.

In general, these experiences seem to carry a threat to the body

structure—to life itself. Where life itself is threatened there must be an unusual demand upon the instinct of self-preservation. In such situations sexuality necessarily will be held in abeyance and perhaps temporarily will assume a less active role, or even be permanently disturbed in its natural play. More cultured eras do display a greater interest in the modes of sexuality. In times of stress sexuality returns to its more primitive aggressive form. However, to repeat, in the traumata that I have found in the criminotic, there is not so much the trauma in the field of sexuality as to life itself or in a more limited sense to the instinct of self-preservation.

III. The Effects of Trauma

It seems that there is a need for some clarification of meaning of the word trauma. With a sexual trauma it is important to know exactly what is traumatized: the sexual organ, or the libido, or the instinct of reproduction. Freud chose the term sexual trauma as distinct from trauma in the customary sense, such as in a contusion of the head. Freud also extended the medical meaning somewhat, to indicate traumata sustained in the infantile or childhood past and in some way still active in the unconscious. Freud thus applied the term sexual trauma to a forgotten trauma in the sphere of sexuality. As the sphere of sexuality was extended the trauma could in some way approximate the more conventional type of trauma, although here too it would be the forgotten trauma with which the analyst would be most concerned. Thus a contusion of the head in connection with some early act of sexuality might become in a sense a sexual trauma. At any rate, in a trauma the part is in some way traumatized. Freud undoubtedly recognized that there was something more than the sphere of sexuality involved in the matter of trauma and therefore spoke of the sexual trauma.

We shall see, I believe, that the instinct of reproduction is in the service of what for the moment may be called a death instinct. If this is so it becomes misleading to speak of traumatizing a tendency to death. The word trauma usually refers to some injury actually received from the real world. When Freud found that phantasied traumata also might be epochal, the problem became more difficult. It would have been necessary to use the term phantasied sexual trauma. This would have been somewhat awkward and the term trauma, in

the analytic sense, has come to include all of these phenomena. It would be better to recognize a trauma more accurately as an historical or present threat or injury. As will be seen, the adjective sexual need not be used so frequently but should be used when there is no doubt that one is dealing mainly with the sphere of sexuality.

When a part of the body is injured there are certain phenomena that appear most frequently as various degrees of engorgement or inflammation. The surgeon is interested in the clean condition of the wound, the absence of infection. As a rule the threat to life and tissue is the prime interest of the surgeon although the cosmetic result may be a secondary consideration; perhaps this is as it should be. The physician then is dealing with the problem of life and death. (By training and intent he is more concerned with life and death than with love and hate).

The wounded area may have been libidinized or its original libido may have been abused, but certainly the area is set up originally as a landmark to the threat of death, the conflict between life and death

The word pain has the connotation of punishment. Pain is an afterthought. One usually does not say, "It pains"—one says, "It hurts"; the memory of the active hurt is still fresh. Anguish connotes anger. To say someone is in anguish would indicate a different kind of distress from that of being in pain. The patient himself rarely would say he is in anguish but later he might describe his situation as painful. His anguish may represent his anger against his assailant. A wound also may be described as angry when it shows certain phenomena, as if the assailant were still there. Thus there are varying degrees and modes of the same condition. After a time the patient does not say his wound hurts or is painful; he usually says it is sensitive. This is his lesser hurt or pain. Behind the sensitivity of the healing wound there lies his hurt, anguish, anger, pain, and assailant. Out of all of this there results his painless and relatively dead scar. A part of him is dead. In this study of a simple wound there is a small section of the process of life and death.

A wound as it heals becomes less and less sensitive. In medicine the term sensitized is used, as stated, to apply more to the organism as a whole, even when the sensitization is localized. Medical practice correctly recognizes that the whole organism suffers; tests of sensitization often are carried out at body sites quite removed from that of the greatest complaint or symptom. It would be difficult, however, to

convince a surgeon that in a simple wound there is also a general or even psychic involvement In cases that the physician considers to be sensitized he perforce admits the general involvement.

Has the sensitized person suffered some sort of injury? Obviously—in the initial reaction of the horse serum, however invisible, or in the inflamed conjunctiva in a pollen conjunctivitis. Around such centers, self-preservative and libidinal conflicts rage. One readily may see how such a sensitized area (the patient really is helpless against the pollen) may express the various feelings already mentioned in connection with the simple wound. The patient may even say, "The counfounded ragweed," or words more violent. He may use the occasion for permitting the utterance of many expletives that he otherwise would not permit himself. On the other hand, if the patient is in a particularly hateful familial or social situation, an inner craving for life denied him may show in an exaggerated tendency to anguish in the already affected area. To himself he may say, poetically, that the conjunctival pain "is far more tolerable than the anguish in my soul—and it shall remain with me as a landmark of my suffering so that all the world may see. I will have more life even though it be the life of an invalid. Many people shall treat me kindly and speak to me. I will have my private life—somewhat dissocial to be sure—even though it infringe upon and pain the more social life of others who so would frustrate me." His conjunctival sensitivity, if it persists beyond the average that one would expect after the particular trauma, remains, as does the sensitivity of the wound, as a monument to the scene of a great battle—the original attempt at emergence of rage and anger against the assailant. Herein lies also his otherwise inarticulate revenge. The patient has fled but he has returned with a new armour and a new vitality. The monument has been erected to repressed libido but also to a once defeated life drive. Sensitivity, however, is in affect —the mist over a turbulent stream. The sensitization is the biological counterpart of the affect. Even in sensation itself, the condensed remainder of past sensitizations, the act is stifled, and only a cry—a message—is uttered of the deep revolt. And not without reason, sensitivity often is lauded by the posts very much as acts of heroism are lauded by the warrior. To go a step further, vital immaturity is, in a way, to be sensitive rather than to be sentient.

Whereas sensitization is the reaction to an injury in the sensory sphere, spasm or rigidity is the reaction in the motor sphere. The

motor elements that would be used in combat are incorporated in the wounded area and its adjacent structures. The cast replaces the bone and musculature. It is no small wonder, then, that the patient may be a little fearful when the cast is removed, for he may have difficulty in accepting again his own structures in their customary function, very much as he originally had difficulty in accepting the cast itself. The cast must carry a threat of death or, more precisely, restraint. A particularly vital individual whom I analysed, related that when he was a boy and had sustained a fracture of the leg, he ripped off the cast that the doctor had applied. He just did not want a cast.

In febrile conditions there is something similar. First there is the chill or rigor—an equivalent of the nascent combat and the threat of death. Fever is the reaction and fight against the threat. This is glibly and narrowly accepted when it is assumed that the chill is the bodily activity necessary for the production of the elevated temperature.

Life and death thus far have been mentioned in something of their literary and popular connotations. Perhaps it is time to prepare a technical psychological instrument for the continuation of this examination.

IV. THE VITA

It may be asked, what is sensitized—the body? But that is rather remote, as an idea at any rate. Perhaps the cart is before the horse. It is time to rectify this situation. It is to be kept in mind that when a wound is sensitive or sensitized it may be appropriate during the healing process, but if it continues unduly there is a sensory disturbance of another order. In sentization the motor element for one reason or another has come into a less prominent position. Certainly in sensitization or in illness, as has been shown, the treatment is to limit motor activity. The heart may beat faster, respiration is more rapid, an elevation of body temperature indicates the increased metabolism, the locally involved tissues hum with activity. Whether manifest in open motor activity or inner motor activity, a vital process has taken on an increase of activity.

This vital process is life itself or, to borrow a Latin expression, the vita. The vita by its very nature and definition is a mill of activity. When one sees an unusually active person one is apt to say that he is a vital sort or that he has great vitality. When a problem in-

volves a threat to life the problem is said to be vital. When something is made to appear more vital it has been vitalized. The vita, vital, and vitalize are words used to describe certain dynamic conditions of life very much as libido, libidinal, and libidinize describe certain dynamic conditions of sexuality.

The man in combat has been strongly vitalized and draws upon all the resources of his vitality. If his wound be in a vital area—let us say a large artery—the resources of his vitality may drain away and not be used in the struggle any more He may die, or he may fall and turn his attention to his wound, which has in fact become his assailant and one that he possible can more capably handle in his depleted state. Even then he may die. If he survives his scars become the gravestones or monuments of his heroic struggles—his partial deaths—the fragmentary depletions of his vita. In a like manner the scars of operations, the scleroses of vessels and the other end results of illness and the aging process are so treated by the individual, who may narrate tale upon tale of his exploits on his private battlefield. Illness is living within the self as well as turning upon the self. In the proocesses of illness and aging, however, the main part of the motor aspects of combat gradually are placed within the organism. The vita recedes, but the vita also must run its course and leave behind its effects even as the libido is instrumental in leaving behind a new generation.

It is well to approach the problem of the vita more deeply. The vita is nothing strange. In fact, a first view leads one to believe it nothing more or less than life itself. Life is taken for granted and generally is not considered seriously until threatened. The term vita is more convenient than others and avoids affective components that might hinder a more objective examination. By the vita is not meant a soul, spirit, endocrine, humour, or anything else but the sum of those activities which are considered to be the well-springs of life.

Today there probably would not be any objection to considering life as having dynamic qualities—as being dynamic. The vita then would include what is considered as the dynamic aspect of life. The discussion so far has made ample use of the dynamics of life. It is the present--day interest in dynamics that may tend to give the impression that life is mainly the dynamics of life, and for practical purposes it may readily be agreed that this is the special meaning that the vita assumes here. However, it is the dynamics of *life* that the

vita represents and not of death or any restraint to life. This is a beginning to limit rather than to extend our concepts. There is a deviation from the everyday view, but not necessitated by our findings. The actual interplay of forces presents an exceedingly difficult problem. In other words, the vita represents the vital or dynamic processes of human life as they may be observed with the technical instruments now available.

The life instinct in one sense includes the instinct of reproduction. This is a modified statement and rightly so, not in order to give any unwarranted significance to, or to detract from the importance of sexuality, but because there may be something else in sexuality besides a life instinct. Even self-preservation is not an unalloyed instinct and is not identical with the vita.

Death, from the very nature of life, is disagreeable to think upon, as though the very thought of it might disturb a precarious balance. There is a tendency to believe that organic life must have arisen here and there on the earth in some remote past. But if by this is meant the fragmentation into man, animals, plants, etc., it may very well be that preceding the appearance of anything we might call inorganic, the earth was covered by one organum (by extending momentarily the meaning of organic to the concepts of physics) and that man arose as a less organic structure, although with what seems to him epochal. This may have been a miserable compensation for the pangs of his original birth very much as a suit in tatters may be the result of a vicious fight, only belatedly turned into a symbol of heroism. It may have been second best. Death therefore becomes more obvious than life as science and even our humble eyes look around.

A division of the sexes, too, might imply a fragmentation originally growing out of a struggle against death. Every popular and scientific work stresses the advantages of this division in spite of the fact that it may be only the landmark of a battle already lost. At first it would seem to be an advantage only *if* such a battle occurs again. A sharp replica of the old battle persists on a smaller field when man and woman surreptitiously try to become one again in the act of coitus—like grizzled veterans telling of old battles or reconstructing them for the children with toy soldiers. It is a further fragmentation—the miniature battle.

One must begin by recognizing that the tendency of life or of the vita is to live and to live without restraint. To expand and to

expend itself. Death then is nothing but the end result of this process. Life alone would quickly become death. When life and death carry their more usual connotations the one is said to be dynamic and the other is said to be static. Even such a concept as a death instinct becomes incongruous because life is confused with long life; life itself is not concerned with duration. Prolonged life is something more than life. Also, in some strange way death is confused with a tendency to terminate life, without a first demonstration that death is tendentious; what most readily terminates life is not death but the natural tendency of life to expand and expend itself. Were it not for some opposing force, some restraining force against this tendency of life, man might go out in a puff. Prolonged life is the result of the natural tendency of the vista meeting this countertendency.

Every "no," and every threat of reality is in a sense a "no," carries with it a demand for restraint. It is not surprising that these threats long have been incorporated within the organism. Perhaps each impulse to repeat, represents not what is called the conservative tendency of life but an expanding attempt on the part of the life instinct in the face of some threat if faced in the dim histotrical past. Each surge of impulse represents a tendency to erupt with the mass from which it is now separate. Each disruption (as distinguished from eruption) is inevitable from the counterforce which is the "no." This counterforce now exists in man in a shifting compromise formation with the vita.

It is the opposite of the vita, then, that is the conservative instinct that preserves or prolongs life. By conservatism what else can be meant but the prolongation of life in a particular form? Man lives long, that is, he holds a particular form long, only by virture of a threat (that which restains the expension of life). Man's' life becomes more compact and more circumscribed through this intervention.

Medical science does seem to be a standard bearer of a threat—prolonging life with ever newer threats. Medical science even where the vita has broken out with fury in modern warfare, continues there—in its own warfare to prolong life by a slower, sensitizing death. Medical science teaches one to be conservative

In the Greek cosmology it is Chaos first. Here indeed is what the vita is. Later Eros is the life-giving principle, what today probably is called dynamism. With a further infusion of the restraining force, Eros takes on a sexual connotation. Perhaps the two most striking compromises of the activity of life and the threat of death are apparent in combat

and reproduction. However, life has come to be considered, in our time, as orderly, and when some disorder is seen it is disowned as a manfestation of the life instinct. The usual conception of life is derivative by many steps even though on no more than cursory examination it is evident that most individuals fear life or to live. The life they fear is partly the life not yet tempered by struggle. Chaos is no longer possible to man in its primal form and it may be well to use derivative terms to express more accurately what is seen, always, however, keeping in mind the limitations of terms. To try to identify anything such as chaos today would be far fetched.

To turn momentarily to a current situation: Europe is decadent only in one sense. Out of it another deity has been erected. Our Western cosmology is in its childhood. As soon as the language of mythology is used there is less clarity. Our own scientific mythology penetrates more deeply though perhaps not yet so extensively as that of Greece.

V. THE FATUM

It is necessary here to return to an examination of the current death concept. There may be a number of original objections to the idea of a death instinct. It seems that Freud came to a somewhat strained view when he decided that the instinct of aggression was the death instinct turned outward. If aggression is a form of the death instinct then what is life? That death or a death threat may precede aggression must not confuse one and make one believe the two are identical. There is a prejudice in feeling that life itself, without the intervention of some malign force, cannot cause the havoc so often seen. It is difficult to see how aggression can be considered in its main aspects as anything else than a clamour for life. It is an erupting force. When it is met by some counterforce the tendency to eruption may be abated and a disruption may follow in the resulting compromise.

In the face of the popular and current dynamic conception of death as the mere end result of the process of living, one may readily see how it might seem fantastic to join the terms death and instinct to form the term death instinct. Instinct means something that instigates or incites—how then join it with death, which has the connotation of a lack of instigation or incitement? There has been an intellectual and emotional ellipsis of any active force within the organism towards death and when such forces seem to appear they are considered to be what are called

pathological. Death may be a sign of the end of life but there is an actual force that opposes life, that alternately swings in the balance with life. The original source of this force lies in the obstacles of reality, but somehow there is a tendency to be blinded to the fact that these obstacles are set up within the organism as well, as forces with a similar direction. A boy is slapped for a misdeed. He contemplates a similar misdeed, but before he carries this into action he rubs the site of the slap. It returns to his memory not as something dead but as an actual blow that he once again feels.

The act of suicide itself becomes somewhat more understandable when we recognize in it an explosive eruption of life with a grotesque effort at self-control.

Anxiety may be a defense against a threat of death, but remove all threats and anxiety may again appear. It is not one or the other that matters as much as the balance between them. A threat of death may be the best antidote to anxiety. If the vita and the libido for some reason are denied outward expression, the clamour arises within the ego itself. The vita mistakes this for an external clamour, tries to quell it, and primal anxiety appears.

In our age there is some repugnance for those ages when there was more restraint. It is difficult to conceive that some future society will be relatively more static than today's. In science, however, there is the need for an acceptance of restraint, in order to have it called science at all. There is a need for control of the exuberance of the vita.

With these considerations it is time to approach some appropriate way for clarifying concepts and terminology. It would be useful if there were some way of denoting this activity that runs counter to the full and quick expansion and expending of the vita. If so, it would often be possible to avoid the somewhat paradoxical and biased term death instinct. One often, if not always, could avoid such a variety of terms as restraint, threat, and counterforce. It would be gratifying to find that the idea of such a force is not entirely new, and it would be even more gratifying to find that it had some confirmation in everyday life as well as in the somewhat difficult realms of science.

In the Greek and Roman mythologies there are many terms to express some of these views but these terms refer most prominently to killing. Then it is generally an external power that is at work. If one seeks for a term to denote something like an active internal force, the closest idea is that of fate, the fatum. This so approaches one affective

response, in some, to accepting the concept of determinism, as to lead us on. In many ways the fatum seems to be especially appropriate as a term for the active representative within the organism of a death instinct. What is so opposed to life as fate? It is peculiarly suited. To this may be added the terms fatal and fatalize. These, then, we use as the generic terms for the active force that strives with the vita, that measures the thread of life. Terrorization threatens at one stroke to exhaust the thread. Traumatization is another degree. Sensitization slowly gnaws it through. As life moves on it is fatalized and brought into the woof of death. Again the spider and its web—and the death of the male spider. Oddly enough the fates usually are depicted as feminine. In this, sexuality is definitely indicated, but under it all also lies the struggle of life and death.

It is important, however, that death be accepted not only as a fact, but as a dynamic force, but we dare to drop our defense of omnipotence and face our lives. It is important to repeat that analysis of the life and death conflict in no way replaces the analysis of sexuality. In fact, it makes the salience of sexuality even more striking. This may not always be so. It seems obvious, if the Oedipus conflict cannot be examined under, as definite depth material becomes ever more abundant and understandable, that only one or two explanations are possible: analysis cannot get beyond the glaring phallus, or the Oedipus complex extends into much more infantile levels than some analysts are able to admit. There is something in both of these views.

As in the analysis of sexuality there can be no shame in the analyst, so in the analysis of life and death there can be no fear. Fear is sensed at once, even as the dog smells fear in a man. In its deeper layers it at first is a little more trying. I have had a patient whose impulse it was to pick up a chair and hit me on the head with it. It was not a threat, only an impulse. There is no time for threats with such material. The impulse is met affectively long before it can have cooled to become a threat. He later explained what he almost had done. He admired my "guts." It was not a matter of "guts." I had advanced near this front with him many times before. Now he no longer is so sensitive and I did not have to threaten him. He could not act against me. He had to face life and death within his own ego, and not with a real threat to represent his fatum. He became less fatal but also less vital. He will live longer.

It is known that in analysis, the material presented by the patient

is worked upon, but it is obvious that this work and its objectivity often will determine the course of the analysis. This objectivity necessarily depends on affective factors in the analyst—an old saw. When these new factors appear with greater objectivity one begins to recognize new and hiterto unseen defenses. At times it seems possible analytically to dissect away a good body of the unconscious conflict and find remaining, only the tough hide of the subject's character, seemingly unchanged. The tough hide defies analysis and yet the body itself somewhere lies exposed and sensitive and there is continual flight. The life and death conflict remains hidden and unsolved whereas it might have appeared with a more balanced analysis that had worked it through piecemeal from the beginning, when the sensitivity was not so great.

There is less fear in youth; the vita emerges where later it would surely succumb. In youth there seem to be primitive defenses of another order that later gradually are replaced by more elaborate and social defenses.

A physician is called in to see a patient. Perhaps it is a non-operable intestinal condition. He prescribes medicine after medicine for a long period of time. Certainly this medicine must be noxious to the body; and in a sense the patient utilizes it in the service of the fatum. It may be that the patient is in an intolerable situation from which he cannot get away. His training might have been quite rigid. Already his vita has been highly sensitized and restrained so that each emergence of life is met with reversal. The vita acting almost entirely within the ego, is rapidly expending itself. Naturally it would be the business of the physician to unmask the intolerable situation and possibly permit a rescue of the patient. At times the patient may resent the rescue because of his very training. The physician is bound by his own fatum and his own compromise with reality to keep the existing order intact. He unconsciously recognizes that to prolong the patient's life requires the cessation of medication and the destruction of the bonds that bind the patient to his environment and to his illness. But the physician feeds more and more medicine and the patient is not improved; the medicine really is only in the service of the fatum that cannot cope with the vita within the ego. The physician therefore is empowered to prolong life, only if it tends in each individual he treats to cast no doubt on the universal validity of any accepted institution or even popular opinion that is part of the ritual of social life.

There is a tendency to believe that kindness and consideration alone can help a sick person. This may be a medical school ideal that even older physicians maintain in spite of the fact that every general practitioner can easily reveal cases where his patient recovered only when the physician became so exasperated as to openly arouse the patient's anger and desire for revenge. In some cases of this sort it is obvious that no matter what remedy the next physician prescribes, the patient will recover. However, there is a strong aversion to a recognition of a fatalizing force and no remedy may openly be considered as such in spite of its obvious deadly tendencies. This is concealed under a wealth of statistical data. The truth is more closely reached in many apt medical proverbs and maxims such as, "Our best remedies are in fact our most deadly poisons." More correctly it would read, "Our best poisons are in fact our most deadly remedies." But there is a saving grace when it is recognized that it is the fatum that is conservative and not the vita. A more conscious understanding of this conservative tendency and a greater incorporation of the death tendency within the conscious ego would immediately assist our methods in dealing with problems that so often prove insoluble today. Sometimes it may be wise to fragment instead of to bind; sometimes it may be wise to find an outlet for life rather than to restrain it.

I have made some observations on an infant that may be interesting in this connection. In analysis it is recognized that a phase of development in the history of the illness appears only after something of a struggle on the patient's part and an overcoming of resistances. There seems to be a similar reaction in human development, although somewhat concealed and inverted. Thus of a child one hears the popular expression, he has growing pains. In other words, the pain is said to be due to his growing. I have noticed, however, that in a small child some pain, discomfort, or irritability precedes some phase of development. I was remarkably surprised to recognize this. It would have been so simple to disconnect the two, but the happening was too frequent to be neglected. In the teething phase this sequence was not so easily observable, but I find no proof to the contrary or in favor of the popular opinion that pain is due to teething. Pain is connected with teething, but the causal sequence, it would appear, is the reverse The child teethes because it is in pain, very much as a callus develops to protect a sensitive area. The pain connected with teething or any other development is a replica of the original painful situation and life

and death struggle that prompted that development. Part of the dynamics of resistance analysis may be that by turning attention to the resistance it is fatalized again from the dead, rather than overcome or broken as a dead obstacle. With the renewed fatalization, the vita breaks forth again and the end of the conflict is somewhat different because of the presence and assistance of the analyst. This gives a more dynamic and plausible aspect to the entire situation.

This is the rough idea of the fatum; the summation of all past limitations of, or threats to, the expansion of life.

Aggressiveness thus is not only a sign of life but an evidence that an historical struggle is going on. That the struggle is closely connected with the environment seems apparent. The very young child in its play will make every effort to utilize his environment to reenact this struggle. Where he is avoided or treated indifferently he will turn to another individual. If here again he finds no active response (inanimate or indifferent objects are at first no incitement for him) he will go into a rage and the conflict will carry on within his ego. If his toys are not appropriate for the expression of his urges, he has no other choice. Leaving the child for the moment, the common resistance of indifference in the adult is nothing more than playing dead. Actually there is no death but the coming into play of the fatum. Indifference, playing possum, and sham death are efforts only to avoid a revival of a more crucial life-death situation and conflict. They are evidences of a foreboding enemy that likely has been met in the past. What else but the child and its conflicts could better represent this historical enemy?

VI. The Vita, The Libido, and the Fatum

This automatically leads into a further examination of the interplay of the vita, the libido, and the fatum, at the expense possibly of being a little repetitious. If reality is examined, it is found that men for the most part spend their day doing that which brings them their livelihood. Sexual factors of all kinds play through this daily routine. Active sexuality may break through to change the usual course of the day's activities or at times may even supersede the usual activities. It is his livelihood in its broad sense and not merely his salary for which man works. The expenditure of his energies and the successful determination of his deep conflicts in his work are both

vital and fatal. Even this is not a new discovery except in the context in which it is here placed. The layman is apt to lose sight of the sexual implications in the daily routine. The analyst may err in losing sight of the life and death struggle. It is toward evening that sexuality appears more plainly. Even then man tends to hide his sexuality from others; in fact, it is taken for granted. The essentially nocturnal character of the dramatic crises of sexuality undoubtedly is conditioned by the wish to conceal and disguise.

Night holds the primal conditions that best subdue life, perhaps less and less so as man as able, more and more, mechanically to create something in his night life that resembles the day. Even so, it may be expected that the primal tendency of man to sleep at night will continue for some time to come. It would seem then that there must have been meteorological conditions somewhat resembling those of night that had some influence in determining the pattern of sexuality in man. The night includes not only darkness, but changes in temperature and other factors, some known and some unknown. It is in that crepuscular interlude at the close of day that the convulsive miniaturation of life and death in the fact of coitus begins to take shape.

External peace and stillness are the usual requisites for the act of coitus. It appears that with these conditions, vitalization is deeper but even more, the libido becomes the minister extraordinary of the vita. It probably was under more formidable conditions than are implied here that the vita arose from whatever it itself is only the minister. Peace and stillness are the conditions most favourable for a display of sexuality only because they represent a state in which the fatum originally was the relative victor. Sexuality in its bisexual form reaches out tentatively like the projecting salient of the ameba, ready to be withdrawn for the safety of the whole organism. So in man the play of the libido is the most sensitized signal of danger or safety. It may be this special quality of the libido that makes psychoanalysis, as practised today, possible. The libido has its own special function in reproduction, but it also is in the service of the vita. Thus peace and stillness and other manifestations of the night or its original counterpart, though dangers to the vita, are necessarily less so to the libido, for that is the time for one of the libido's special missions. As the libido in its signal position once again encounters a form of the fatum so again the orgasm comes to represent the life and death struggle between the two ministers. Castration threats and death threats are, of necessity, qualitatively equated. Unless we accept this new dynamics and erect some term and concept to represent that

fragment of the fatum in the act of coitus, it really cannot be held that libido may be converted into anxiety. But if such a term and concept are erected it may rightly and with deeper understanding be said that in times of great stress the libido may lose its identity and may very well return to the vita proper; very much as a minister of state, when the gates of his capitol are threatened, may cast off his dignified garb and don the plain uniform of the soldier.

With the adventitious appearance of day or its original counterpart, the vita once again throws off some of the yoke of the fatum, the libidinal sentry itself goes to its repose. Clamour, the opposite of stillness, begins and the vita proper is aroused. Peace and clamour have their respective dangers. It strikes me, if I dare make an immediate allusion to everyday life, that those who more or less convert the day into night are those in whom the miniature conflict has become deranged or inadequate in the face of some great early sensitization; that the vita itself must continually prop it as a man does when one arm is sued to support the other that has been fractured. In such individuals, it is during the day that the vita yields to the fatum and there is an inverted sleep. It is not that these individuals cannot tolerate the day; it is the night that they find insupportable. Their vita and libido are almost one. Those who use the night to prowl are somewhat different. Thus this division of the instincts may be utilized for a tremendous economic advantage. What arouses the vita is what originally favored its tendency to eruption, and what arouses the fatum is what originally favored its tendency to conservatism. The clash of the two may bring about a state of disruption. From my analysis of different individuals it seems that some have taken over more of this special libidinal function than others; that we as humans are not so distinct biologically from other organisms where different members, let us say, of some insect colony, are constructed physically to act in certain ways and to perform certain tasks. So some humans can love but not be kind. Some can be kind but remain relatively incapable of loving.

It would be only myth and not science if these figures were set up as permanent or unalterable structures. Actually they are concepts, conveniences for describing what is believed to exist fortified by what is known to exist. In the organism they are all one and inseparable. There is no sharp and fast boundary between ego and id. They are one. So in fact are the vita and the libido—so in fact are the liver and kidneys. One must wonder at the way disputes go on, each side protesting that body and psyche are not separate, as if each suspected the other of

accusing it of making such divisions. Actually they exist separately, but only as useful scientific concepts. And so the vital id, a largely neglected structure in the organism, must have further examination and study. No longer may it be considered as infernal as hell—there has been a tendency, too long, to consider it as rather woefully out of the way and too mysterious for actual study. And so Hamlet says of his father's ghost, "I'll speak to it, though hell itself should gape."

VII. War and Peace

There is no intention of going into this subject extensively, but merely an attempt to relate this problem with the concepts of the vita and the fatum. To repeat, I do not believe that the instinct of aggression, in its main appearance, is the death instinct directed outward. It may seem so if an historical death threat is aroused and its effect in the vita is not recognized. Even everyday life indicates how restless people become in a peaceful environment. Peace acts as a threat of death, especially where the libido is highly sensitized. With some consciousness of this mechanism peace becomes more acceptable; fractional death is accepted as inevitable and conservative. It is accepting one's fortune. Thus peace, unless it be understood or be an enforced peace backed by a more active death threat, can often beget only a warlike response.

One must doubt whether man, in the face of his narcissism, his reservoir of life, ever can accept willingly, so great a blow as peace. Thus far it seems to have mostly been natural upheavals that have tamed man; an exception exists among relatively small groups where surveillance is possible. Peace within a nation may exist only because of an external war after internal mechanisms for vital outlets have failed. To feel that the aggressive instinct is but the outward turning of a death instinct might lead one to the happy possibility that both might some day be more readily controlled, but unhappily this concept does not fit the facts. One look at the beast of prey when he is hungry only can indicate that he is highly vitalized. That this high degree of vitalization in a way may shorten the temporal span of living is no obstacle at such a time.

Without amplifying certain trends, Freud, in one of his little-mentioned works, gives a great deal of truth. He says, "—primitive man probably triumphed at the side of the corpse of the slain enemy, without finding any occasion to puzzle his head about the riddle of life and

death." Further, Freud says, "It was much later before religions managed to declare this after-life as the more valuable and perfect and to debase our mortal life to a mere preparation for the life to come." Now there is a distorted wisdom in this latter view. Each restraint does lead to an extension of life in the period following the restraint. The after-life really exists long before one's body loses its human form. However, it may be that experience proved that the average man was not able to see the delicate daily advantages in restraint, and as nature herself sometimes does, men had to prepare monster canvasses for the average man to look upon. Indeed, for many individuals such displays have the power of doing what for others requires merely a delicate presentation.

There is an old saying, "If you wish peace, prepare for war." Freud paraphrased this, "If you wish life, prepare for death." Perhaps it is time to paraphrase again and so, "If you wish to enjoy peace, prepare to enjoy death."

VIII. Transference and Recognizance

In analysis one ordinarily must be something of a stranger. It is because of this strange preference of the libido. In a consideration of the vita and the fatum, to be only a stranger means nothing. Not to be strange but also not to be in league is a signal for hostility—this is the strange preference of the vita. This is a difficult problem but not an insoluble one. The passive position of the analyst is quite futile in such a case. The patient will not stay long enough for peace to become a threat. The positive transference comes at the end and not at the beginning.

May one call this transference at all? Yes, by extending the meaning of the term. Love is not only blind, it is dumb. It is highly sensitive and geared for signal, but not for highly organized action. In certain individuals this signal quality is not relegated to the sphere of sexuality. Knowledge is death, but one must show one knows and one must carry this knowledge into the patient to tame the vita. In the negative therapeutic reaction there is no seductive Eve and no avuncular serpent to prepare the way. These states are not yet ribbed (in its serious and ticklish meanings). It seems then that in dealing with the vita and the fatum there is not so much a transference, positive or negative, as recognizance. One deals with tribal law. In analysis of the neurotic

where only the libidinal position—even in its ambivalence—alone is analysed, the analysis may assume the significance only of an extra-tribal and illegitimate romance that loses its significance within the tribe itself.

IX. NARCANALYSIS

There is nothing more striking in the psychoanalytic movement than the great contrast in amount and value that exists between the contributions of Freud and a few of his immediate disciples and that of all the rest of the analytic body. As I review the vast analytic literature, all seems to center around the writings of Freud, Abraham, Jones, and Ferenczi—about forty volumes in all. Freud quoted outsiders more than his followers. Since that time analytic contributions have been timorous and mincing. Individuals no longer stand out as much as do analytic bodies and groups. Even editorship is groupal rather than individual. The way and the direction are no longer clear. The didactic analysis of analysts becomes, to an extent, a way of gaining adherents to personal views; the need of a complete detachment of analyst and analysand is not effected. Bonds and dependancies are even more firmly cemented when the training analyst helps his disciple to get his economic start in life. It becomes fantastic when each new analyst thinks that his teacher is the greatest living analyst; when the data of contribution and opinion do not confirm this. It has been admitted that some teachers use their personal viewpoints and that groups actually are formed on the basis of "Who analysed you?" It would seem that the training of analysts should be in charge of the older men of analysis. Once upon a time there was only one viewpoint, that of Freud. Today the viewpoints are many. It is not difficult to see that the older analysts would have relatively fewer axes to grind.

Psychoanalysis is a psychological science, very much as algebra is a mathematical science and relatively is a branch of physics and mathematical science. Newtonian physics is not the same as that of Einstein and yet it is all physics. Within a certain frame Newtonian physics is still applicable. A science consists of a coherent body of theory, fact, and technical equipment for verification; all three of these are necessary. We may say definitely that in psychoanalysis as Freud left it, all three of these are in good balance. When any one of these three is varied, it follows that the other two must vary

accordingly. It would be interesting, if analysis made an inventory, today, of the number of cases and type of cases that are successfully being handled by the science as Freud left it. When outsiders are skeptical of results that is one thing, but if a scientist himself feels he must wait five or ten years before being positive, he admits that he is still experimenting.

In treatment, a patient is not so interested in the experiment as he is in the result. He wants to get well. The only gauge is the steady, definite, and progressive recovery. This is best judged by the patient and the individuals who see him from day to day in another direction, one can hardly speak of anything such as a cure.

In my own practice I use the science of psychoanalysis in those instances where it avowedly has proven to be of value. At other times I use other psychiatric methods. The problem arises as to what the material that I have given to you should be called. There is a theoretical structure, there are multitudes of facts, and actually there is a new technique which differs considerably from that of what is called psychoanalysis. The lying position, free association, interpretation of dreams, and others, although used, are not the main technical methods. These, as I have told you, are methods for travelling the royal road to the unconscious. One wonders if this new salient should not be given a new name so that it might make its own way in the world. If this were so I could conceive of no better name for it than narcanalysis, the analysis of narcissism, the analysis of action. The narcanalyst would not require the same training that today is given to analysts.

You may wonder why I have not observed the analysts themselves more closely. Well, perhaps it is wise to do so. There has been a tendency in American analysis to more chauvinism and less science. Originally it was a European disease. Actually the Professors of analysis should be the old men of analysis. To the young should be left the business of scientific innovation. However, for many years the young men in analysis have ousted the old men and hence have confused professorship with scientific advance. Instead of presenting facts and then letting the world judge, it has become the policy to move one's ideas ahead by personal influence of one sort or another. American analysis easily got lost in the current scene and boarded the bandwagon. This was hardly seen when the American analytic body severed relations with the International analytic body, another facet

bidding for analytic empire, as if there could be two kinds of analysis, of the strained European-American relations; American analysts were or two kinds of science, like two nations.

In moving out the older analysts, there was a patricidal maneuver. As we know very well, the tribal act of patricide is a prelude to war. First there is confusion, then the query, "Who killed cock robin?" No one is guiltless enough to assume the crown and finally it is forced upon someone who has no natural ability for leadership. One cannot quibble over events that have passed, however, and we may invoke an old aphorism that has all of the inexorable implications that one may expect from the fatum—"Who lives by the sword, dies by the sword."

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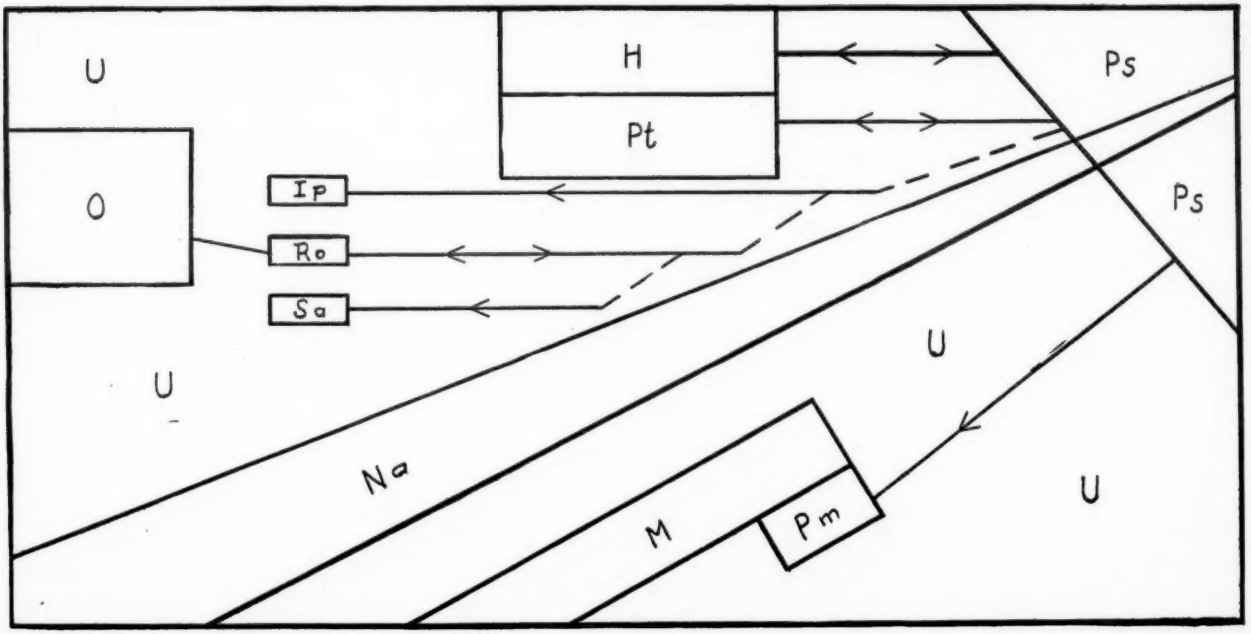
New York City.

TABLE I



U—The unconscious
O—The occult
P s—Psychoanalysis
M—Medicine
Pm—Psychosomatic Medicine
Ro—Religio-Occult Psychology

H—Hypnotism
P t—Psychotherapy
Na—Narcanalysis
I p—The psychiatry of Interpersonal Relations
S a—Socio-anthropological psychology

A BODY IMAGE STUDY OF PROSTITUTES*

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Two years ago, Frosch and one of us[1] read before this society a paper dealing with the study of the body image concepts in adolescent boys, that is, of the attitude adolescents had toward their body and toward parts of their body. In this present study a similar investigation was made of prostitutes and a comparison of their attitudes made with those of an equal number of non-prostitutes. In both studies the questionnaire method was largely used, the questions being taken from Schilder's book, "Psychotherapy."[2] Each woman was personally interviewed at the time the questionnaire was given and her answers written down by one of the authors.

In the introduction to his book, "The Image and Appearance of the Human Body"[3] Schilder wrote: "The image of the human body means the picture of our body whch we form in our mind, that is to say the way in which the body appears to ourselves....We call it a schema of our body or bodily schema, or, following Head, who emphasizes the importance of the knowledge of the position of the body, postural model of the body. The body schema is the tridimensional image everybody has about himself. We may call it 'body image'."

The present study was undertaken in order to determine whether or not prostitutes had the same general attitude toward their body that other women had. We had hoped to examine fifty prostitutes and fifty non-prostitutes but were unable to examine this number inasmuch as the admission rate for prostitutes to Bellevue Hospital prison ward has dropped considerably during the last year. We have the impression that the explanation for this may be that the pros-

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Read before the Section of Forensic Psychiatry of The American Psychiatric Association, Boston, May 18, 1942.

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titutes appear to be leaving New York City to ply their trade near the army camps or in the defense areas. Ruth Collins, the Superintendent of the New York House of Detention for Women, informs us that there has also been a marked reduction in the admission rate of prostitutes to that institution during the past year. It is possible, of course, that because of the war situatioin many such women may have taken work in factories, defense plants, etc.; however, the majority of such women are usually vocationally untrained. According to Collins [4] in 1928, 7000 yomen were held in the New York House of Detention for Women. Eighty per cent of all these women were vocationally untrained.

Sources of Material and Comparison with Other Studies

Through the courtesy of Miss Collins, we attempted to examine some of the persons serving sentences for prostitution at the House of Detention for Women. After we had examined five inmates we were unable to continue our investigation there as the prisoners feared we were trying to commit them to mental hospitals and induced the other prisoners not to cooperate.

The chief source of our material, therefore, was from the Women's Prison Ward at Bellevue Hospital. We selected those individuals who had been convicted of prostitution or who were arrested for protitution and admitted this activity for months or years. A few non-prisoners, sent in because of alcoholism, admitted prostitution in the past and were also included in this study. The total number of prostitutes examined was thirty; a similar number of non-prostitutes was investigated.

For our control group, we selected chiefly other prisoners sent to us for medical or surgical treatment, charged with forgery, petit larceny, etc., provided they were not psychotic, defective or psychoneurotic. The remainder of our control group was made up of alcoholic patients and patients who were admitted because of reactive depressions who had no history of prostitution and who were not epileptic or severely psychoneurotic. In this way we attempted to secure for our control group women of the same general economic, intellectual and social status.

It is quite evident that the women studied here differ in their social and educational background from the women studied by Hamil-

ton[5] who were described as "having attained a relatively high level of culture....A considerable number are persons of outstanding intellectual or artistic achievement," or by Dickinson and Beam[6], who describe the women they studied as represented by "a young wife of the American cultural type, well dressed and attractive, seen from her thirty-first to her thirty-fifth year. Her two or three years of experience with a profession ended at marriage to a professional man. The urban home is moderately well to do and the couple have educational advantags superior to the average." In the group of women studied by Davis[7] 69.2 per cent were college or university graduates, and 10.2 per cent had done graduate work or taken advanced degrees; only 62 per cent had less than a high school education

Our patients are more similar in their social and educational background to women studied by Landis [8] and Strokosch[9]. In the Landis study, 153 normal women and 143 female psychiatric patients were examined. The abnormal group consisted of hospitalized patients from the New York Psychiatric Institute and from Rockland State Hospital at Orangeburg, N. Y. The normal group was matched as closely as possible to the patients in age, religion, nationality, education, socio-economic and marital status. Strokosch studied the case records of 700 patients at the New York Psychiatric Institute and stated that 75 per cent were of marginal economic status and only 10 to 17 per cent had a college education

Kemp[10] in his study of 530 prostitutes in Copenhagen found that 17 per cent were illegitimate, that 33 per cent were never reared in their own homes, that 88.6 per cent were poverty-stricken. One of us [11] studied all of the women prisoners (245 in number) admitted to Bellevue Hospital during 1940 and found that the average age of the prisoners was 36.5, that 20 per cent were colored, that the majority had an eighth grade education or less. About one-fourth of the women were charged with prostitution but many other women who were prostitutes were charged with alcoholism, drug addiction or larceny.

Data Regarding Cases Used in This Study

Ages

The ages of the prostitutes were from 16 to 53, with 3 in their teens, 12 in their 20's, 12 in their 30's, 1 in the 40's and 2 in the 50's (ages 52 and 53). In the control group, the ages varied from 17

to 46, with 3 in their teens, 12 in their 20's, 10 in their 30's and 5 in their 40's.

Color

Six of the thirty prostitutes were colored. In the control group, five were colored and a sixth was a half French, half Indian woman.

Religion

Nineteen of the prostitutes claimed to be Catholics, eight Protestants, two were of the Jewish faith and one was Greek Orthodox. In the control group there were 21 Catholics, 7 protestants and 2 Hebrews.

Education and Intelligence

Only one of the prostitutes had been graduated from high school. Nine claimed they had attended high school but three of these had I. Q.'s of 83, 87 and 82 so it is probable they were in an industrial rather than a regular high school. Of the remaining 20 with a grade school education only 7 reached the eighth grade. Five were mental defectives with I. Q.'s of 51, 53, 60, 61 and 70 as measured by the Bellevue Intelligence Test. In the control group, three had one or two years of college, 14 had one to three years of high school training and of the remaining thirteen with grammar school education only five had reached the eighth grade. Only one of this group was a mental defective, with an I. Q. of 58. One had no formal schooling but had an I. Q. of 76.

Nativity and Nationality

Twenty-seven of the prostitutes were native born. The other three were born in Ireland, Scotland and Porto Rico. Of the non-prostitute group, 24 were native born, three came from Porto Rico, one each from Spain, Poland and Norway. Thirteen of the prostitutes had American born parents, fourteen had parents born in Porto Rico or various European countries and the racial background of three could not be determined. In the control group the parents of twelve were native Americans, sixteeen were European or Porto Ricans and the nativity of parents of two was not learned.

Occupation

Seven of the prostitutes claimed to be domestics; four, housewives; one, a clerk; eleven stated they had no occupation and the remainder

had unskilled jobs such as working in a laundry or factory. Three of the control group were domestics, eleven were housewives, seven had no occupation, one was a stenographer and the others were employed in unskilled occupations.

Marital Status

Seventeen of the prostitutes were single, three were married, five were separated, one was divorced, two were widowed and two were living in common-law-relationship. Of the control group, four were single, fourteen were married, five were separated, two were divorced, one was a widow and four had common-law-relationships.

Number of Children

Eight of the prostitutes had children, six having one and two having two. Six of these had been married at one time and another of these had a common-law relationship. Sixteen of the non-prostitutes had children, one having 5, two having 4, three having 3, four having 2 and 6 having one; three of this group were never married and two had a common-law relationship. In addition two of the unmarried prostitutes and one married patient in the control group were pregnant at the time of this investigation.

Abortions and Miscarriages

Only four of the prostitutes admitted abortions or miscarriages whereas seven of the control group made similar admissions.

Habits

Ten of the prostitutes used drugs such as heroin or morphine, eight others admitted excessive use of alcohol, six described moderate use of alcohol or drugs. In the control group, no patient admitted use of opium derivatives although two admitted use of barbiturates to excess. Ten of the controls admitted excessive alcoholism, ten were moderate alcoholics and eight denied use of drugs or alcohol. It should be pointed out that we were forced to use in our control group many alcoholics inasmuch as the highest group of non-prostitutes on the prison ward were defective or psychotic. Moreover, we wished to have women of somewhat similar social habits because over 50 per cent of the prostitutes had used alcohol in moderation or excess.

Venereal Diseases

Sixteen of the thirty prostitutes had definite evidence or gave specific history of syphilis or gonorrhoea. Four had positive blood Wassermann tests, four had clinical and laboratory evidence of gonorrhoea, four described previous symptoms and treatment for gonorrhoea, three described anti-syphilitic treatment in the past and one had both syphilis and gonorrhoea. One of the group with positive smears had anti-syphilitic treatment previously. In the control group, twenty-five denied venereal diseases and had no clinical evidence of syphilis or gonorrhoea. Four had received antiluetic treatment and the fifth had received treatment for gonorrhoea recently. This girl was a prisoner charged with prostitution but we did not consider her to be a prostitute inasmuch as she did not solicit men or work in a house of prostitution, but instead lived with one man at a time for months or years. The spinal Wasserman tests of all patients with history of syphilis were negative and there were no neurological signs of central nervous system syphilis.

Broughten[12] claims that 50 to 90 per cent of prostitutes inhabiting houses of prostitution are infected with syphilis or gonorrhoea or both. Guibord[13] stated that 86½ per cent of 200 women criminals sentenced to Bedford Hills, N. Y. Reformatory were venereally diseased.

Psychiatric Diagnoses

In the prostitute group, one was diagnosed as "Reactive Depression," five as "Mental Defective," five as "Psychopathic Personality," four had temporary delirious reactions due to drugs (they were not given the questionnaire until recovery had taken place); of the fifteen diagnosed "Without Psychosis," six were alcoholics, three were drug addicts, five were House of Detention prisoners and one was admitted solely because of a surgical condition. In the control group, considered to be Psychopaths, one was a Mental Defective, one had had an Alcoholic Delirium, four were non-psychotic alcoholics, and the remaining eight were in the prison ward primarily for medical or surgical conditions. We wish to repeat that these patients were not given the questionnaire until they had recovered from their psychotic episodes.

Present Study

Each patient was asked ninety-six questions. The first questions include: "What do you think of your own strength, of your own beauty,

of your health? How strongly are you sexed? How many characteristics of the opposite sex do you have? What is the most important part of your body? What do you think of your head, eyes, ears, nose, mouth, teeth, breasts, etc.? Which part of your body is the most beautiful, the most ugly, the best in function, the poorest in function?"

The next group of questions deals with specific attitudes toward the genital organs such as: "Do you feel ashamed of your sex parts? How do you react when you see the sex parts of other women? When did you find out that the male sex parts were different? Do you feel something is missing in your sex parts? Do you wish to have a male sex organ? Do you think your sex parts may be harmed by masturbation or by intercourse?"

The patients were then given a series of fifteen questions pertaining to masturbation including onset, the manner of the act, the fantasies accompanying it, the presence or absence of guilt during or after the act, etc. Following this they were asked about their general attitude toward homosexuality and heterosexuality, their homosexual experiences, if any, their first heterosexual experience, the frequency of intercourse, technique of coitus, variations in position, perversions, if any, extent and type of love making prior to the sex act and presence or desire of sado-masochistic acts associated with intercourse. The prostitutes were then asked specifically how they happened to become prostitutes, whether they had procurers or worked for "madams" or whether they solicited directly.

They were then asked questions dealing with castration fears, such as: "Do you have fears that something might happen to any part of your body? Which parts of your body are easiest to hurt? Are you afraid of being cut to pieces? Do you wish it? Are you afraid of being deprived of any part of your body? Do you fear superior forces of nature, machinery, superior manpower?"

In an attempt to ascertain their general attitude toward their body, they were then asked if they were satisfied with their body as a whole and if not, what changes they would desire.

Responses to the Questionnaire

The responses in both groups were remarkably and montonously uniform with the exception of the one control case diagnosed as having an anxiety state. The answers: "I'm satisfied", "It's O. K.', "Normal", or "All right" were given over and over again. It does not

appear justifiable to enumerate the responses to all of the questions and we have preferred to give only some outstanding responses, pointing out the differences and similarities in our two groups of patients. In general, the most prominent responses dealt with the patients' reactions to their eyes, nose, teeth, lips and extremities, that is, parts of the body seen by others.

When questioned about their health and strength, sixteen of the prostitutes and twenty of the controls felt their strength was average or better, whereas fourteen of the prostitutes and ten of the controls felt their health was impaired and gave definite reasons for their beliefs, including venereal diseases, drug addiction, etc. Fifty per cent of the prostitutes and sixty per cent of the controls described themselves as passable or pretty whereas only one in each group described herself as definitely unattractive. Fourteen prostitutes and eleven controls said they were plain looking. In answer to the question—"What does beauty consist of?"—46 per cent of the prostitutes and 66 per cent of the controls stressed the factor of personality and 66 per cent of the controls stressed the factor of personality and personality plus external features, a typical answer in both groups being: "Not only of face, features and figure but of character and personality." When asked which part of the body was considered most beautiful, the greatest number of responses was "breasts" in both groups. The second choice for prostitutes was legs or feet and for controls it was the face or entire body. Prostitutes considered their sex parts to be the ugliest part of the body whereas the controls felt their feet to be the ugliest and felt the next ugliest parts to be either the abdomen or sex parts.

Although the majority of both groups considered the heart as the most important organ, seven of the prostitutes felt the sex parts, breast or figure to be the most important whereas in the control group, two chose sex parts, one the figure, three the legs and two the entire body.

Only two prostitutes and one control case felt that the size or shape of the head was abnormal or ugly. Eleven prostitutes and two controls expressed the belief they were less intelligent than average; three prostitutes and four controls stated they had superior intelligence. Sixteen prostitutes and eighteen controls stated they were less stable emotionally than the average, some describing severe tantrums with destructiveness. Seven of the prostitutes and three of the control group felt their memories were impaired.

The next series of questions dealt with attitudes toward sense

organs, chest, abdomen and extremities. Four prostitutes and seven controls felt their eyes were ugly; six of the one group and nine of the control group complained of poor vision and need of glasses. Nineteen prostitutes and sixteen non-prostitutes stated their noses were not acceptable to them, although the majority of these women did not have unusual noses for their race or color. In contrast, two prostitutes and three controls with deformed noses said their noses were normal. Only one patient, a prostitute, complained of difficulty in smelling. The majority of both groups complained of their teeth or shape of their mouth, eighteen prostitutes and twenty controls stating they had poor teeth, while nine prostitutes and ten controls objected to the size or shape of their lips. Three prostitutes and five non-prostitutes complained of difficulty in breathing and all of these had some forms of cardiac or pulmonary pathology. Seven of the prostitutes and ten of the controls complained of the appearance of their abdomen, stating it was too thin or too fat or misshapen as the result of childbirth. Although ten prostitutes and nine controls had abdominal scars from appendectomies or laparotomies for pelvic disorders, only three prostitutes and five controls mentioned these scars. In considering their attitudes toward their arms and legs, nine prostitutes and fifteen controls stated they had ugly arms, legs, hands or feet. Only two blamed the use of drugs for ugliness of arms. Eight prostitutes and four control cases stated emphatically they had good looking legs; the prostitutes did not openly connect the shapeliness of their legs with their profession. One prostitute said: 'I know I have shapely legs. I used to pose for hosiery. I still have nice legs and am proud of them.' One of the control cases, a forty-one year old obese woman, the mother of four children arrested for issuing fraudulent checks, said: "My legs are half my attraction." None of the prostitutes who are commonly referred to as "street walkers" complained of corns or bunions on their feet, whereas three of the controls had such complaints.

Nine prostitutes and eight controls complained of their skin or complexions. One prostitute, a psuedo-hermaphrodite, with excess hair on chest, face and extremities and a non-prostitute with marked hirsutism on her upper lip insisted their skins and complexions were normal. Thirteen prostitutes and nine controls said their hair was too thin or too kinky or of the wrong color; however, only three prostitutes and no controls admitted dyeing their hair.

When asked their ideas about their breasts, six prostitutes and nine controls expressed dissatisfaction, two of the prostitutes and six of the

controls complaining of pendulous breasts following childbirth. (Eight prostitutes and sixteen controls had children. Most of the patients stated they were proud of their breasts, that they were attractive and pretty. Two prostitutes with extremely flattened breasts insisted their breasts were normal in size and were attractive. Five of the prostitutes and twelve of the control group expressed dissatisfaction with their buttocks, four of the former group and six of the latter complaining that the buttocks were too large.

Attitudes of patients toward their sex parts were then investigated. Twenty-seven prostitutes stated their sex parts were normal. One said she never enjoyed coitus, one said sex acts were disgusting and one stated: "It's not nice to do what I did." In the control group, only three mentioned dissatisfaction, two stating their sex parts were too small and one stating she always had dyspareunia. The question: "Are you proud of your sex parts?" was answered by prostitutes as follows: "No," in eleven cases, "just normal," in four cases and "yes" in fifteen cases. Of the control group, nineteen stated they were proud of their genitals, eight stated they were normal and only three stated they were not proud of them. A rather typical response was: "Of course I am proud of them. I'm a woman. I've got everything I was born with." Another frequent response was: "I guess every woman is proud of her sex parts. Only two of the prostitutes volunteered the information that they were ashamed of the manner in which they used their sex organs. Two prostitutes, one with an abnormal clitoris associated with endocrine disturbances and one patient suffering from pyelitis and having a markedly edematous vulva stated their sex parts were perfectly normal.

Six of the prostitutes and eleven of the controls described painful or irregular menstruation. Seven prostitutes and eleven controls described their attitude toward their menses as follows: "It's hideous," "It's messy," "It's disgusting and I hate it," "No one likes it," "It's a nuisance." Two of each group had been subjected to pelvic operations and no longer menstruated. When asked about their ability to have intercourse, three of the prostitute group complained of difficulties, one saying her sex parts were too small (a girl of 17 who had been a prostitute for only a few months) and two others said they had pain if their customers' genitals were too big. None of the control group complained of inability to have intercourse. Thirteen of the prostitutes insisted they had orgasm only with their lovers, one insisted she was always frigid, whereas sixteen prostitutes implied satisfaction

with their lovers and with customers. Of the control group, eighteen stated they had a climax occasionally, eight stated they had orgasm every time, two almost every time, and two denied ever experiencing an orgasm during intercourse. One of these two, however, admitted orgasm with masturbation.

In response to the query—"What do you think of your ability to have children?" the prostitute group responded as follows: "Don't think so" (3); "Know I can't" (and then described pelvic operation with resulting amenorrhoea—10); "Don't know" (4), and "I think I can" (13). In this last group, one of the prostitutes spontaneously said: "Gonorrhoea won't keep you from having children," whereas another prostitute said: "I don't think I can have children because of gonorrhoeal infection but I've never been told so" Two other prostitutes felt they could never become pregnant because of a retroverted uterus. Five of the control group felt they couldn't become pregnant because of a small pelvis or a retroverted uterus; four others said they were positive they couldn't become pregnant because of diseased tubes or because of operations; five didn't know if pregnancy were possible, and sixteen (including two who had received anti-leutic treatment) felt they could become pregnant, twelve of this group of sixteen having been pregnant previously. In contrast eight of the thirteen prostitutes who felt they could be impregnated had never been pregnant and five of these had been treated for venereal diseases.

The patients were asked when and how they first learned about sexual differentiation. Only five of the sixty women received any prepuberty instruction from adults, two being first shown sexual activities in farm animals. About half of each group first learned of sexual differentiations by seeing the genitals of male relatives, especially of younger brothers. Five of each were given their first sex information by female companions. Six of the prostitutes and three of the controls stated they first learned of sexual differentiation at the time they had their first intercourse; three of the six prostitutes claiming this occurred afer marriage. Among the prostitutes, none recalled this knowledge before her sixth year whereas two of the controls received such knowledge at the age of three. Of the prostitutes, fourteen obtained this information between the age of six and ten whereas sixteen of the control group obtained such information before the age of 10.

In reply to the question: "Did you ever wish to have a male sex part?" all the prostitutes and 27 of the controls replied "No." Two control cases said they had wished to be men because of the male's

greater freedom and work opportunity; another control case stated: "I thought it would be fun to have one. At the age of 5 or 6 I remember going into a closet, putting a hole in the front of my underwear and putting my finger there but nothing happened. I realized they had something I didn't. I recall that when I was three I saw my father stand up to urinate and I had to sit down."

When asked: "Do you feel that something is missing in your sex parts?" all replied—"No," although two prostitutes and five control cases said they had some of their pelvic organs removed in operative procedures.

The question—"When did you first learn about your clitoris?" revealed that 52 of the 60 had knowledge of this organ. Two claimed to be aware of it before the age of 10, and three others knew of it before the age of 12 and 14. Only one patient knew of it through masturbation. The greatest number learned of it after many heterosexual experiences. Almost all of the prostitutes use the term "man in the boat" in referring to the clitoris.

Next the patients were asked if they believed masturbation would harm their sex parts. Six of each stated they believed physical harm would occur from this practice, anl only two of each group of six admitted this practice. In all, six prostitutes and seven controls admitted masturbation in childhood or puberty but only three of the first group and two of the second have continued this activity as adults.

This study indicates that only 20 per cent of our prostitute group and 23 per cent of our control group admit masturbation. We feel that these responses are valid, inasmuch as our patients freely discussed their extramarital relationships, perversions, etc. Although some writers including Landis[8], Hamilton[5], Dickinson[6], Davis[7], and Strokosch[9] claim that from 54 percent to 74 percent of women studied by them have masturbated at some time, it is our clinical impression that the percentage of masturbation in the type of non-psychotic patients seen at Bellevue Hospital is much lower. One of us[14] made a personality study of fifty alcoholic women seen in Bellevue Hospital. In this group only 12 percent admitted masturbation. Henry[15] made an intensive study of forty women who had definite homosexual experiences, many also having heterosexual experiences. Only ten of this group, twenty-five percent, admitted masturbation, although they described in a most frank manner the various types of perversions they practised with men and women. Many psychoanalysts claim that 50 percent of their women patients admit masturbation but such patients

are usually seriously neurotic and Freud has emphasized the role of masturbation in the etiology of the neuroses.

Attitude Toward Homosexuality

We next inquired about homosexual activities and interests. First we asked: "How do you react when you see the sex part of other women?" Twenty-four of the prostitutes and twenty-three of the control cases said they had no reaction, saying "It's just normal" or "It's just like looking at myself." One of each group expressed feelings of embarrassment, three of each group thought it disgusting to see a nude woman, one of each group stated she admired a beautiful female nude. One prostitute said she always refrained from looking and two of the controls said: "It's not nice." One seventeen year old colored girl of average intelligence said: "I get mad. It's bad luck to see a naked woman. I hate to see it."

Three prostitutes admitted being approached by others for homosexual purposes but claim they resisted. One prostitute admitted she indulged in various types of homosexual activities with other girls for exhibitionistic purposes at stag parties, but insists she has never had an orgasm with either males or females. Another prostitute frankly admitted overt homosexual experiences with about twenty women friends indulging in clitoris rubbing and in cunnilingus. She states she also did homosexual acts for pay at stag parties and also did strip tease acts. She also claimed enjoyment of heterosexual acts. Twenty-five of the prostitutes and twenty-eight of the controls denied homosexual interests or experiences. One of the controls refused to answer and one stated she had fantasies of seeing female breasts while masturbating, but denied any overt homosexuality. All other control cases denied homosexual experiences or fantasies.

This small percentage of women admitting homosexuality is similar to the findings of Landis[8] who writes: "About 3 to 4 percent had overt homosexual tendencies but only a small number of cases had overt homosexual experiences." In a group of 50 alcoholic women patients studied by one of us,[14] only two admitted homosexual experiences.

In another attempt to ascertain homosexual tendencies, the patients were asked if they believed they had any characteristics of the male sex. Twenty-seven prostitutes and twenty-one controls said "no." One prostitute stated she cursed at times, one said she was quite interest-

ed in sports and one said she was considered to be a tomboy as a child. The pseudo-hermaphrodite insisted she was feminine in every way. Only one patient, a prostitute, had a mannish hair cut but she also denied having any masculine traits.

Six of the controls spoke of their interest in sports, two said they were tomboys as children and one described herself as "domineering." In answer to the question "Are your feminine traits and sex characteristics outspoken?"—four of the prostitutes felt that their sexual characteristics were not outspoken, whereas the rest felt they had average or outstanding feminine traits (in this latter group was the pseudo-hermaphrodite). Only three of the controls felt they had no outstanding feminine characteristic.

Attitudes Toward Heterosexuality

The question: "How strongly are you sexed?" was answered by the prostitutes as follows: "Always frigid" (1); "Frigid since pelvic operation at 38" (1); "Less than average" (15); "Average" (10) and "Passionate" (3). The one claiming frigidity was a drug addict, age 24, of Polish extraction, who lived with various Chinamen and was also a prostitute in order to secure money for drugs. The patient complaining of post-operative frigidity stated she was a passionate woman pre-operatively. Two of the controls admitted frigidity, seven described their urges as less than average, sixteen as average and five claimed they were quite passionate. Six of the eight women claiming to be passionate were white, the two colored women being in the control group.

The patients were then asked: "Does intercourse harm you?" Only one prostitute believed it did. Five of the group believed it harmful if done to excess and one said it might hurt if the male sex part were too big. None of the control group felt the act was harmful; one said it might be harmful if done to excess and two mentioned fear of further pregnancies.

The patients were asked to describe their general attitude toward intercourse. A wide variety of responses was elicited. In the prostitute group, seven said it was all right to do if in love although not married; three merely said it was all right; three said they did it for money; two felt it should not be done until a person married; two said men needed premarital experiences and several gave individual responses including—"I like it," "I'm cold natured," "I do it in moderation," (this woman had been a prostitute for 18 years and now admits being a madam), or "It's not nice with a strange man."

One 27 year old prostitute who was arrested five times for possession of drugs and for prostitution, with an I. Q. of 87 said: "It's a perfectly normal thing to do. I wouldn't do it for the sake of the intercourse unless I liked him. I think a man should have his experience before marriage because if a woman is good and gets married she might be injured and this might cause her to have an aversion to sexual intercourse and this will not lead to a normal married life. Morally and ethically a woman shouldn't have intercourse before marriage." Another prostitute said: "A man has more sex in him than a woman and has to get it out of his system. Another prostitute, age 22, with three convictions for prostitution said: "If two people love one another no harm is done. A woman should wait until marriage but not a man. I believe a man should have experience first but I don't know why. I don't believe it's a sin but it is wrong if you don't love one another. Look at me talking that way."

In the control group, seven said it was all right to do if in love but not married, five merely said they enjoyed the act, three said it was a normal phenomenon, two said: "It's beautiful," and individual responses included: "Shouldn't do it unless married," "It's necessary to preserve mental health," "Everybody should do it, you must do it if you are married," while one said: "It's just mind over matter and should be controlled." It was interesting to observe that in the control group not a single woman mentioned the relationship between intercourse and pregnancy. In the prostitute group the age of first coitus varied from 14 to 26, with 3 at 14, 5 at 15, 8 at 16, 2 at 17, 4 at 18, 1 at 19, and the remainder in their twenties. In the control group, the first experience came between the age of 14 and 29, with 1 at 14, 8 at 16, 7 at 17, 2 at 18, 2 at 19, and the remainder in the twenties. Eight of the prostitutes and four of the controls had no pain with this experience. Four of the prostitutes and one of the controls said they were raped. Six of the prostitutes had their first experience with their husbands after marriage and thirteen did it voluntarily with friends. Sixteen of the controls had pre-marital relationships with friends.

The frequency of intercourse was then questioned. Twenty-eight prostitutes said they had relations with their lovers a few times a week. One said she did it about once in three weeks whereas a mental defective Porto Rican girl who also admitted excessive masturbation, said she had sex relations with her lover three times nightly. Only 16 of the 30 prostitutes said they could estimate the number of customers they served, nine saying they did it up to 10 times daily, 3 said they did it

10 to 20 times daily, 2 said it occurred 20 to 30 times daily and two said they took care of 30 to 50 men a day. Hugh Young[16] discussed his investigation of houses of prostitution in France in the last war and stated that in one such establishment the madam proudly told him that her most active girl had taken care of 65 the day before and the average was between 40 and 50 a day. In our control group, the majority said they had relations from 2 to 5 times weekly.

Both groups were then asked with how many men they had intercourse. Four prostitutes said "thousands," one said "about 500," two said "over 300," 5 said "100." Three said they could not estimate the number and the remainder said it was from 5 to 100. Some of the latter group, however, had a series of clients who returned regularly once or twice a week. In the control group, eight had relations only with their husbands, and the remainder admitted affairs with 2 to 7 men.

When asked how they compared the enjoyment of intercourse with other enjoyments, sixteen of each group felt it was the most enjoyable of all sensations they had experienced, while others said they preferred going to a dance, to the movies, to a good restaurant, etc. One control case, sent in for neglect of her children, said: "If you love some man, there's nothing else to compare with it, unless it's love of country."

The patients were asked which variations in position they used. Twenty-three prostitutes and seventeen controls (66 2/3 per cent) used supine position only, the others admitting one or more variations. Four of the controls and none of the prostitutes admitted vaginal approaches from behind. In the Landis study[8] 15.6 per cent of normal women and 7 per cent of mentally ill patients admitted variations from the supine position. Although it is common belief that the majority of prostitutes do not permit or enjoy preliminary sex play, our investigations revealed that 70 per cent admitted enjoyment of preliminary play with customers or lovers, 30 per cent admitting they enjoyed it with lovers, and 40 per cent said they enjoyed it with anyone. Ninety per cent of controls said they enjoyed preliminary play; this included one patient who desired cunnilingus prior to coitus. One prostitute desired cunnilingus and one desired manual manipulation of her clitoris before intercourse.

When asked about thoughts during and after intercourse, two prostitutes said they were ashamed during the act and nine felt ashamed or disgusted after the act. In the control group no one admitted such feelings during the act while six felt ashamed or displeased afterwards.

The patients were then asked which variations from the normal sex act they permitted. Thirteen of the prostitutes and two controls admitted variations, six said they enjoyed cunnilingus, one permitted this act but did not enjoy it, one admitted fellatio, two admitted cunnilingus combined with sadistic acts, two admitted sadistic acts unaccompanied by sexual contact, and one permitted perversions but refused to specify the type. One non-prostitute admitted both fellatio and cunnilingus but said she experienced no pleasure from these. She was a 33 year old white divorcee who was admitted for alcoholism. She was of superior intelligence, with college training. She had a questionable history of encephalitis at the age of 12, but had no neurological findings. She had sex play with about 7 men using various positions but never had orgasm with them. She claimed her only sexual gratification came from masturbation usually associated with the phantasy of women's breasts. A second control said she submitted to her husband's request for sodomy on one occasion only.

Of the two prostitutes who described sadistic acts for which they were paid one said: "The indignities the men want. I never had a man try to hit me but when they wanted to be hit I hit them and hard. They wanted all different things, some while dressed, some undressed. They wanted me to use a stick, a belt, a buckle, or a shoe. Then they got into a frenzy and discharge." Another prostitute said: "I've been hired by many people who want to get hit." A third prostitute said she didn't permit cunnilingus, but did whip men with ropes and sticks upon request but she denied deriving any pleasure from this procedure. Another prostitute stated she had been paid as high as $55 to hit a man's phallus with the rung of a chair.

The patients were asked if they were active or passive in the normal sexual activities. Seven prostitutes and six controls said they were always passive, six prostitutes and two controls said they were active only with their lovers while all the remainder said they always played an active role.

The prostitutes were then asked if they worked for a "madam" or for a male procurer, or if they had been madams at any time. Two admitted they had run houses of prostitution and one of these bragged of her financial independence. The other one said she formerly worked for madams and lovers. Nine admitted working for madams, three admitted working both for madams and "pimps," two said they only worked for male procurers and twelve said they always worked independently. In two cases we could not secure answers to this question.

The prostitutes were then asked when and under what circumtances they become prostitutes. Four either could or would not give the age of onset of their prostitution. Thirteen became prostitutes between ages of 15 and 19, ten between 20 and 30. Eleven said they started this activity shortly after running away from home either because their parents or parent substitutes were too strict or because of a broken home situation. (None of the group mentioned cruelty, alcoholism, or poverty as a conscious reason for running away). Six said they had to resort to this procedure because of inability to find legitimate work; seven others said they needed money after being widowed, divorced or separated. Two said they came to New York to be prostitutes on the suggestion of friends; one said she was raped at fifteen, became pregnant and then was put out of the home by her father; one said she did it to get money for drugs, one to get money for alcohol, and one to pay her gambling debts. We noted with interest that not a single one of these women in discussing the reasons for her prostitution tried to elicit sympathy or to over-dramatize her initiation into this profession. Although ten of the prostitutes were drug addicts, only one said she became a prostitute in order to secure money for drugs and this occurred only after her husband left her. The other addicts stated they acquired the drug habit after becoming prostitutes.

Masochistic Tendencies and Castration Fears

The patients were asked if they wished their sexual partners to inflict pain on them. All of the prostitutes and all but one of the controls denied this. One control case said she liked her partner to bite her occasionally; she was the one who attempted various perversions with men hoping to experience orgasm, but without success.

They were then asked if they feared any part of their body might be harmed. Eight of the prostitutes and one control expressed certain fears, such as being cut in the face, of receiving broken jaws, of having operations, of getting venereal diseases, etc. The one control case said she feared her husband would attempt sodomy on her again, he did it once causing her considerable pain. A similar question—"Are you afraid of being hurt?"—was asked and to this question seven of the prostitutes and twelve of the controls gave affirmative answers, including fears of injury to face, stomach, extremities, fear of falling, of operations, etc. They were then asked: "Are you afraid of being deprived of any part of your body?" Seven of the prostitutes and twelve controls

answered affirmatively, only four gave specific fears, three fearing injury to extremities and one to the heart. In the control group three expressed vague general fears, four expressed fear of injury to extremities, two expressed fear of injuries to both eyes and legs, and three expressed fear of injuries to breasts or sex organs.

To the question: "Which parts of your body are easiest to hurt?" —three prostitutes and eight controls mentioned breasts or sex parts. Four prostitutes and ten controls expressed the fear of injury to the face, head or eyes. Both groups were then asked if they feared disease. Eight prostitutes and eighteen controls said they had no fears; twenty-one prostitutes and nine controls expressed fear of venereal diseases and a few in each group expressed fear of cancer, tuberculosis or trench mouth. To the quetion: "Did you ever wish to be cut to pieces?" all patients replied in the negative.

They were then asked if they felt threatened by superior forces of nature such as thunder, lightning, tornadoes, earthquakes, etc. Thirteen prostitutes and nine controls expressed fears of one or more of these elements.

To the question: "Do you fear machinery such as automobiles, fire engines and locomotives?" two prostitutes and four controls admitted such fears, such as fear of automobile accidents because they or relatives had been in one. One control said he feared noise in general and one said she feared motorcycles, having been in such an accident. One prostitute said she feared fire engines because they went too fast; this patient had an I. Q. of 52.

They were then asked if they feared God, devil, gangster, Chinese, Catholics, Italians, Jews, father, mother, judge, doctor, etc. Twenty of the prostitutes said they had no fears; two said they feared God; two said they believed in God but did not fear Him; one feared the devil; two feared judges; one feared the racketeers and one feared her mother. In the control group, sixteen had no fears, eight said they believed in God, in the devil, heaven and hell, one said she believed in God only, two others said they feared the devil, one expressed fear of gangsters and one of drunken men. One woman in each group said she feared the Japs.

The last of the questions is as follows: "What do you think of your body as a whole? Are you satisfied with it? Would you change it if you could?" Twenty-one of the prostitutes and twenty of the controls insisted they wished absolutely no changes in their bodies. In the prostitute group, five expressed desires to have changes in height or

weight. Only one colored prostitute wished to be white; the other colored patients in both groups specifically denied any desire to be white (this attitude was also found in the study of adolescent colored boys who frequently expressed resentment of socio-economic discrimination against colored people but stressed the superiority of negroes in physical prowess, dancing, love of gaiety, etc.). One girl of 17 wished blond hair and blue eyes and one desired not to use drugs. The pseudo-hermaphrodite expressed a desire to have a smaller clitoris, but arrangements were made for this plastic operation twice and on both occasions the patient refused the procedure. Of the ten control cases wishing changes in their body, four wished changes in height or weight, two wished for changes in their legs, one wished scars from old burns removed, one wished to lose her sacro-iliac trouble, one wished a prettier face and one a nicer figure. With but one exception no woman in either group expressed a desire for better health or for more strength. Over and over the same reply of "I'm satisfied" or "Very satisfied" was obtained. Although ten of the prostitutes had innumerable scars or recent abscesses on the trunks or extremities because of their drug habits, only one mentioned this, saying: "I wish I hadn't destroyed it as much as I did. My arms and legs are very marked from the use of narcotics. I've ruined most of my veins."

One patient, a 34 year old white woman with several arrests for prostitution and alcoholism was in Bellevue Hospital twice, once following a sucidal attempt and once to have a plastic pelvic operation after her arrest for prostitution. She was considered to be a pseudo-hermaphrodite. having marked hirsuitism of face, chest and extremities. Her breasts were flat; her clitoris was abnormally enlarged and protruded about one and one-half inches through the vulva. She was referred to as a "bearded lady" because, unless she shaved daily, she had a perceptible beard. The hairiness of the face and body had been present since the age of twenty-one. Her menses were always scanty, beginning at the age of 21 and occurring every two or three months. Laboratory studies including x-rays of sella turcica, visual field studies, flat plates of abdomen, sugar tolerance tests, etc. were normal. The B. M. R. was reported to be plus 23. Her blood pressure was 110/70. She was of average intelligence with an I. Q. of 110. The body image questionnaire was not given to her while she was on the prison ward. After she completed a short prison term for prostitution, she voluntarily returned to the hospital in response to a request that she submit to the questionaire. In spite of her markedly abnormal appearance she considered her-

self to be average in beauty; she said: 'I can pass in a crowd. I'm not conspicuous." She said she had no masculine characteristics, that her feminine characteristics were as outspoken as those of any other woman. She said that breasts were the most important part of the body, that her chest was normal, that her breasts were not too small, that her sex parts were perfectly normal, that her skin and complexion were acceptable, that her breasts were the most beautiful part of her body and that her stomach was her ugliest part. She said she was not ashamed but was proud of her sex parts. She denied masturbation and homosexual experiences. She described intercourse as pleasant and necessary, saying: "It's something in your system and it must come out." She said she had her first intercourse at 20, 21 or 25 but had lived with a man five years before this, refusing intercourse as it was painful. Finally when drinking she permitted the sex act. She said that she had relations with many men to help pay her rent, but she worked part time as a laundress. She said she preferred going to movies to having sex relations; she admitted perversions which she enjoyed but refused to give details. She claimed she did not enjoy preliminary sex play. To the question: "What do you think of your body as a whole?" she replied. God made me the way I am and I'll stay that way. (What of hair on face and trunk?) "It bothers me. It's awkward. I would like it off if I could."

This woman's previous admission to the hospital occurred following a suicidal attempt, which was made because her lover forgot to wish her a happy birthday on her natal day.

The control patient with an anxiety state gave markedly contrasting replies. She was a twenty year old negress, admitted because of alcoholism. Her physical condition was essentially negative. When she was given the questionnaire she claimed that she was weak, unattractive, that her nose was flat, her lips too large, her teeth poor, her arms and legs too thin. She said she worried about her lungs although she had been told they were normal. She couldn't see or hear as well as the average person, that she couldn't think fast, that her memory was poor. She feared she'd have an operation and lose her ovaries. She complained that her breasts "didn't sit up" and she wished to have her face changed.

Summary and Conclusion

The Body Image Questionnaire of Schilder was administered to a group of thirty female prostitutes and to a similar number of female

controls. Most of these patients were studied from the material at the Bellevue Psychiatric Hospital. The specific details of these two groups and the numerical similarities and differences in their responses have already been mentioned.

Although the number in each group cannot be considered large, we believe that our results are valid inasmuch as we combined the questionnaire with psychiatric interview techniques. We rejected those patients who stated they would not co-operate or whose responses and general attitude indicated a lack of willingness to be subjected to this interview-questionnaire procedure. Furthermore they were specifically requested to refrain from answering in a non-commital fashion any question they would rather leave unanswered. Instead they were asked to indicate to the examiner that that particular question would not be answered by them. We deliberately eliminated from our control group those who denied having had heterosexual experiences.

Objection might be raised as to the methodology used in this study in as far as the psycho-sexual material is concerned. Landis[8] has answered as follows: "The Analyst may object that conscious memories obtained by our techniques can never be used to study psychosexual dynamics which are so essentially unconscious in nature. We doubt that psychosexuality is wholly unconscious, and certainly ordinary observation shows that there are many aspects of psychosexuality which are in the focus of conscious attention. These conscious products are certainly worthy of study."

Our examination reveals that there is very little difference in the attitudes of both groups to their body schema. The average persons tends to retain his body image and to deny or minimize deviations from the normal. Schilder[3] has stressed this in his book on the "Image and Appearance of the Human Body." Even in organic injury this attempt is operative as is seen in the phantom limbs of people who have lost an extremity or in the anosognosias of those suffering cerebral damage. Similarity in both groups of this study, we repeatedly observed patients with some organic defect who either denied or minimized their deviation from the accepted norm.

We deliberately excluded severe psychoneurotic patients from our control group since an earlier study of adolescent boys by Curran and Frosch[1] in which the same questionnaire was used indicated that the neurotic gave different responses from the non-neurotic. In that study

it was found that whenever there was excessive attention given to certain parts of the body, or when there was difficulty in integrating these part into a whole, such individuals had severe personality disorders. We attempted by means of this questionnaire to ascertain whether the pattern of the response of the prostitute would be similar in type to that of the neurotic in the study already mentioned. However, the similarity in the responses of both groups in the present study would suggest that neuroticism is not an important factor in causing a woman to become a prostitute. Socio-economic factors seem to be of much greater significance.

Further studies of neurotic females, both prostitute and non-prostitute, utilizing this method, are indicated.

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THE PSYCHOPATHIC CRIMINAL

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In prison administration one frequently encounters a youthful type of inmate whose most obvious characteristic is persistent misconduct. For want of a better term, such individuals are not uncommonly classified as constitutional psychopathic inferiors of a vicious type. Since the constitutional psychopathic inferior is not ordinarily considered insane, he is kept in the usual mental hospital for only a short period. Prisons, therefore, appear to offer a better opportunity for the study of this type of psychopathic personality.

Upon the uninitiated, in casual interviews many of these boys create a favorable impression. They frequently give lip service to commendable ethical principles. Converting this fine talk and apparent worthy intentions into good conduct, however, appears to be quite impossible for them. Observation of such boys over considerable periods in conjunction with the collection of valid social service information brings one to the to the conclusion that he is dealing with a recurring life pattern, which changes from time to time only in inconsequential details. The usual characteristics of the psychopathic personality are as follows:

1. Emotional instability from an early age, manifest by
   a. Temper tantrums
   b. Thievery and lying
   c. Dislike for one or both parents
   d. Truancy from school and home
   e. Failure to get along with playmates
2. Tendency toward impulsive action
3. Unsatisfactory employment history
4. Strong migratory tendencies
5. Egocentricity with ideas of self importance
6. Unwillingness to accept responsibility for misdeeds
7. Lack of fixity of purpose (restlessness, shiftiness)

8. Tendency to discount the future heavily in terms of the present
9. Failure to learn from experience (recidivism)
10. Unsatisfactory adaptation to any environment
11. Lack of insight as to his inability to carry out his good intentions

Other characteristics frequently observed are:

1. Degree of involvement bears no relation to tested intelligence
2. Immaturity of appearance
3. Resentment of supervision
4. Tendency to assert "rights" and be a troublemaker
5. Possession of few desirable friends
6. Tendency towards homosexuality and sex perversion
7. Frequent history of neurotrophic disturbance—enuresis, infantile asthma, and findings of subcyanosis of the extremities
8. Evidence of poor heredity
9. Symptomotology more marked when subject is under thirty years of age

A longitudinal view of the impulsiveness and emotional instability of such psychopaths over the course of their lives may be represented by the accompanying graph. The lower line represents the impulsiveness and emotional instability of the average person. It begins in early childhood; rises to the highest point sometime during puberty and young adulthood; takes a sharp drop about the middle twenties, usually at the time of marriage; and tends to level out later in life. In the psychopathic criminal, this curve, represented by the upper line, would start earlier and be consistently higher than the normal curve, with marked exaggeration during puberty and young adulthood, but showing a similar decrease as mid-life is approached. In most cases the curve of instability in later life would more closely approach but seldom drop to normal. The dynamic implications of this curve are of the greatest importance in formulating any therapeutic program for these vicious criminals.

It is conceivable then that these so-called constitutional psychopathic inferiors are so principally in consequence of an increased sensitivity and an exaggeration of emotional imbalance normally present during youth and adolescence, and characterized by a markedly delayed psychosexual maturity as compared with their physical development or categorical age. However, even in these cases the inexorable laws of maturation and senility are operative in the psychological as well as in the

physical sphere just as in the case of more normal persons. Longitudinally, maturation in the psychopath tends to follow the usual life pattern, but although psychological maturation does take place in the psychopathic criminal, it has been markedly delayed and is seldom complete. If this presumption is correct, the therapy of these cases involves a large measure of time and patience.

In accord with these theoretical considerations, a degree of success has been attained in psychopathic therapy in prison environment by means of adequate control and re-education. Basically the process is founded upon re-education, but a first and in most instances highly important step is adequate control which necessitates the use of maximum custodial facilities. Since strong control is most likely to encounter the opposition of one inexperienced in this field, this phase of the method will be discussed at relatively greater length than the subsequent steps of the therapy. Without control, effective educational rapport is impossible and other effort is of little avail.

It must be admitted that the method developed largely as the result of institutional necessity. When the psychopathic prisoner became so disturbing that he could not be permitted a usual place in the prison population; when he no longer responded to kindness and persuasion; and when he obtained no apparent benefit from the usual disciplinary measures, the officers of the custodial department concluded that he was an appropriate case for the psychiatrist. Obviously some sort of control was a dire necessity if the prison were not to be disrupted.

It has been our practice to administer a form of psychotherapy known as therapeutic seclusion. This is a modification of the well-known Weir Mitchell treatment which has been adapted to the prison situation. The patient is placed in a strong room as nearly sound proof as possible, where he cannot communicate with others, and where his antics are apparently unnoticed. Human contacts are limited to the receiving of food and short daily visits by the psychiatrist. The psychiatrist observes his attitude and conduct at frequent intervals, preferably unseen. If he is disposed to mutilate or abuse his bed, clothing, etc., these are progressively removed until in some instances he is left in a bare strong room without clothing or privileges of any kind.

The early reaction to this situation is likely to be one of violence, followed by a request as to when he will be granted his liberty. To this the psychiatrist replies that he does not know; that the officials have decided not to be bothered by his nonsense further. A little later he is informed that unless his attitude and behavior improve that he will

serve his entire sentence in his present situation. In so far as possible idleness is enforced to afford him opportunity for introspection. After a time the patient will show evidence of a more or less receptive mood. During this phase, psychiatric pressure is exerted and interviews directed to the discussion of the nature and probable causes of his difficulties, including what traits of character need to be developed to overcome them. The attitude of the psychiatrist must be helpful but firm and fair, and the restoration of lost privileges should be slow. As this therapy proceeds the patient is apt to form a strong attachment for the psychiatrist but his attention should be redirected to his problems as the only matter of importance. After an improvement in attitude of two or three weeks duration, a gradual restoration of privileges is begun; but if abused, they are promptly withdrawn. It is the plan eventually to restore all of his privileges as he demonstrates a proper attitude and conduct. In the later stages of the treatment the personal guidance of the psychiatrist may be supplemented by giving the patient selected articles and books on certain phases of psychology, human relationship, etiquette, etc. It is essential that at no time shall he have the opportunity of playing too an audience or distinguishing himself by reason of misconduct.

This form of therapy is not to be confused with punitive isolation. Therapeutic seclusion is not for an individual offense, nor is the segregation for any definite period or accompanied by any restriction of diet, and the room used for it is not dark or forbidding. The inmate promptly understands that he is under the care of a physician with the implication that he is mentally ill, and the segregation and control is much more complete than ordinary custodial isolation. In these severe disorders, apparently effective rapport can be obtained in no other way.

The method is believed to be in accord with well recognized psychologic principles. The harried business or professional man finds solace in a garden. Working with his hands in the soil appears to bring him back to basic realities. The college student who spends a summer as a farm hand is apt to return to his schooling in the fall with a different and somehow more genuine outlook on life. Catholic priests periodically go into retreat where they often go for days without speaking to anyone. These experiences appear to have a mellowing effect. Psychologically they may be regarded as periods of more or less introspection and soul-searching. There result increased poise and emotional stability. These are factors of which the psychopathic criminal is in the greatest need. Probably in no other way is it possible to ac-

celerate emotional maturation so effectively. It may be regarded as a forcing process much as hot house plants are forced to maturity.

The results of this treatment have been surprisingly good. Many of these vicious persons appear to get a new perspective on life and adapt themselves to institutional routine for extensive periods. They appreciate being able to keep out of difficulties and are happier. As might be expected, the improvement shown is relative rather than complete cure. It is not desired to push the treatment to a point of emotional senility even if that were feasible. What is expected of therapeutic seclusion is fundamentally a change of attitude. At this stage the inflated ego of the psychopathic criminal is far from having been punctured, but a worthwhile beginning has been made in demonstrating to the individual that he can control himself, that he cannot ruthlessly dominate the situation, and that he has developed power to so direct his conduct as to bring him greater satisfaction than can be gained by misconduct.

He is now given the privilege of strenuous physical labor, which in proper time these persons are glad to accept. Contact with the psychiatrist should never be lost during incarceration and the prisoner's work should be supervised by a fair and tactful officer. In the meanwhile he is given assurance of work more to his liking when he has proven himself, but must undertsand that he will be returned for further therapeutic seclusion if he again indulges himself in serious conduct disorder. Since psychopathic criminals are often of normal or superior intelligence, it is not to be expected that they will be satisfied for an indefinite period with any purely repetitive muscular task without any intellectual stimulus. They need goals toward which they may strive. These are usually provided by promises of assignment to the paying industries.

Transferred to this more attractive labor, the patient is rewarded with both money and extra good time, but since the earnings are pooled, both his supervisors and fellow workers are interested in production. It is greatly to his interest to get along with his comrades and to be productive. It is anticipated that he will form work habits and obtain knowledge of a trade which will enable him to compete successfully when released to the outside world.

This method of therapeutic seclusion and re-education has been employed in treating psychopathic criminals for a period of several years. It has benefitted these individuals markedly after all known other therapeutic procedures have failed. The modus operandi is be-

lieved to be theoretically sound. I am convinced that the method is not suited to groups but that intensive psychotherapy must be administered individually with a minimum of possible outside interference. Its justification is to be found in the favorable results obtained. Consequently it is deemed appropriate for the attention of these who are called upon to treat these difficult cases.

Not enough of these cases have been handled in this manner to compile statistics of value. These individuals ordinarily are young, frequently first Federal offenders, and for that reason usually have short sentences. Only a few of them have been under control for sufficient time to fully establish under direct observation the extent and nature of their maladjustment and receive a full course of therapy, followed by a period of more than a year of study after treatment. Abstracts of two illustrative cases are offered.

CASE ONE

An unmarried white male, age 21 when received, convicted of stealing from U. S. Mails and forging U. S. Obligations, and serving five years plus $2000 fine. Criminal history includes arrests for vagrancy, drunkenness, larceny and burglary; served one year on larceny charge. Medical examination revealed normal development and no significant physical defects. History of the usual childhood diseases, diphtheria at 12, and tropical fever in adulthood. M. A. 14.4 I. Q. 90 indicating average intelligence. Subject claims to have finished high school (not verifid) but rates just over seventh grade on educational tests. Family history negative for alcoholism and feeblemindedness; a maternal grandmother was insane. Father came from well-to-do parents; was disobedient, wayward, and squandered his inheritance. He married a woman admittedly not of the highest type who had a brother with a criminal record. This relationship lasted only one month when he left home and subsequently was not heard from for a number of years. The subject was a product of this marriage and the father is reported to have never shown any affection for his son. Subject shows a similar disregard for his father and has flatly refused to correspond with him. Correspondence in the file from father is suggestive of a definite psychopathic trend. Subject was reared first by paternal grandparents, and then by a paternal aunt. The home environment in both cases was very good. When he was 16 years old, he left his aunt's home and "thumbed" his way around the country, taking odd jobs for short periods and never remaining long in any one locality.

In prison after release from admission quarantine, he was soon in trouble as follows:

1. 10-6-36 Repeatedly oversleeping—reprimanded and one week's yard, mail and amusement privileges revoked.

2. 10-27-36 Oversleeping — repremanded and one week's yard, mail and amusement privileges revoked.

3. 12-17-36 Refusing to work—4 days isolation, restricted diet.

4. 1-14-37 Creating disturbance in mess hall—reprimanded and warned.

5. 5-5-37 Possession of another inmate's clothing—one week's yard, mail and amusement privileges revoked.

6. 5-14-37 Possession of officer's bath towel, insolence—referred to good time board.

7. 5-28-37 Possession of obscene letter—forfeited one week's yard, mail and amusement privileges.

8. 8-17-37 Possession of another in-

mate's laundry-forfeited 24 days good time.

9. 8-19-37 Destroying Government property–three days isolation and restricted diet.

10. 10-19-37 Disturbance in dining room–reprimanded and warned.

11. 10-27-37 Disobedient and uncooperative–second grade.

12. 1-30-38 Disobedienec – second grade.

13. 3-8-38 Destruction of Government property–forfeited 136 days good time.

14. 3-15-38 Disobedience – second grade.

15. 3-24-38 Possession of contraband and disobedience–isolation, restricted diet.

Psychiatric examination in June 1938 described him as a decided "grandstand player" who enjoys making a scene when he has an audience, superficial and shallow, unstable in all things. He was further said to have no initiative and no perseverence; in appearance and actions rather effeminate, giggling and blushing easily. He also admitted some sexual perversion and displayed a ring given to him by a "queer" in token of "friendship."

Infractions continued as follows:

16. 10-6-38 Refusing to work, possession of contraband clothing–two week's privileges revoked.

17. 10-28-39 Disobedience; possession of contraband clothing–isolation and restricted diet.

18. 3-24-39 Possession of contraband clothing–two week's privileges revoked.

19. 3-27-39 Refusing to work and disobedience– reduction of commissary privilges and referred to psychiatrist.

This list does not represent all of his infractions. Subject had a reputation of being a pronounced behavior problem and it was a matter of common knowledge that disciplinary reports were not turned in on this man for every offense since officers had come to regard him as a more or less hopeless disciplinary case. When it was established that punitive isolation, loss of good time and forfeiture of privileges improved subjects behavior not at all, he was referred to the psychiatrist for observation. He was placed in therapeutic seclusion for forty-three days. He seemed to be completely satisfied with the entire inactivity to which he was subjected and expressed desires only for toothpaste, soap and newspapers. During his neuropsychiatric confinement, he head one temper tantrum of a single day's duration. At the conclusion of the six weeks he appeared to be only slightly enthusiastic over the prospect of his release. At the end of that time the subject was considered to have reached what for him was the maximum of institutional adjustment.

The following three disciplinary reports were entered against the subject after release from therapeutic seclusion:

20. 7-31-39 Refusing to work–confinement in isolation, and referred to the psychiatrist.

21. 8-1-39 Refusing to obey an order, insolence–continue in isolation.

22. 3-28-40 Possession of contraband –reprimanded and warned.

In respect to the first two of these, however, it should be stated that the subject had received an inheritance. As he expected that this might be seized to pay his fine, he began spending it in the most lavish manner. He purchased a surfeit of sweets, toilet articles and knickknacks, not only for himself but for his friends. He subscribed for a number of metropolitan dailies from cities where he had no interest, for the benefit of his friends. It is noted that an attempt was made to turn his windfall to a rehabilitative use. He was given permission to purchase a typewriter in order that he might cultivate an employable skill on the machine and was promised that he would be permitted to use it in personally effecting an appeal. He entered into the arrangement with many protestations of good faith and ambition, but after its arrival he declined to take typing in school and loaned the machine to his friends. Since this situation was of no benefit to him and subversive to institutional morale, the typewriter was taken up and a rather strict limitation of $2.00 per week was placed on his spending privileges. Offenses 20 and 21 were admitted-

ly protests against this limitation, suggesting that they represented aggressive reactions rather than essentially psychopathic manifestations. Thus it will be seen, with this exception, that only one infraction of institutional rules has been noted since release from therapeutic seclusion one year and three months ago.

CASE TWO

An unmarried white male, 20 years 6 months of age when received and serving four years for violation of National Motor Vehicle Theft Act. Criminal history includes use of three aliases and eight arrests (1931-6) for incorrigibility, larceny, breaking and entering with maliciously destroying property, tempering with automobiles, breaking and entering (3 times), and violation of parole—serving minor detentionary periods and in one instance making restitution in the amount of $75.00. Medical examination revealed normal development and no significant physical defects. History of ordinary childhood disease. M. A. 13.2 indicating low normal intelligence. Educational history disclosed subject left school after completing the fifth grade and was "always in trouble for truancy." Family history negative for insanity and feeblemindedness. Subject's father was a known alcoholic and profligate. Parents separated when subject was four years old without divorce, father remarrying a much younger woman. Father is well known to relief agencies in the community. Subject has always made his home with father or with family of stepmother, but was not amenable to control in either situation. At fourteen he began to associate with companions older than himself and spent his formative years drinking and carousing with them. At sixteen he took to wandering from one locality to another, leading a vagrant and unfruitful existence.

In prison after the 30 day admission quarantine period he enjoyed a poor work record, showed no interest in school, and received the following disciplinary reports:

1. 3-28-37 Repeated violation of rules—reprimanded and warned; forfeit shows four weeks.

2. 6-3-37 Disobedience, blocking cell door—reprimanded and warned; forfeit two shows.

3. 7-26-37 Disobedience and neglect of work—reprimanded and warned; placed in segregation seven days.

4. 8-16-37 Dyeing shoes, conniving and lying—reprimanded and warned.

5. 8-16-37 Insolence and disobedience—segregation seven days and second grade.

6-8. 10-23-37 Disobedience (3 counts) —second grade.

9. 11-8-37 Possession of conraband—segregation.

10. 11-11-37 Disobedience, insolence, and resisting an officer—forfeited 90 days good time.

He was transferred Dec. 10, 1937 to a closer custody penitentiary. Upon admission he was described by the psychiatrist as an immature, impulsive youth who was unsettled and undisciplined, lacking insight, indifferent socially, erratic and irresponsible. After the thirty day quarantine, disciplinary infractions continued as follows:

11. 2-12-38 Violation of movie rules —forfeited one week yard and amusement privileges.

12. 2-17-38 Possession of contraband —isolation, restricted diet.

13. 2-27-38 Creating disturbance — forfeited two weeks yard and amusement privileges. Sentence suspended.

14. 3-27-38 Disobedience and insolence—second grade.

15. 4-2-38 Violation of restrictions—continued in second grade.

16. 4-2-38 Creating disturbance—continued in second grade.

17. 4-10-38 Violation of restrictions —detention.

18. 5-24-38 Attempting to strike officer—second grade and warned.

19. 6-15-38 Disobedience — forfeited 15 days good time, sentence suspended pending good behavior.

20. 9-13-38 Possessing and passing contraband—forfeited 15 days good time

and given 15 days additional suspended good time.

21. 10-14-38 Mutilation of Government property—forfeited 15 days suspended good time.

22. 10-22-38 Horseplay and disobedience in mess hall—referred to psychiatrist.

Subject was referred by the disciplinary board for psychotherapy. He was given therapeutic seclusion and in due time was released to the general population of the institution. Following this the subject maintained excellent behavior for six months. Two infractions occurred during the seventh and eighth months following therapeutic seclusion, for which 30 additional days of good time was forfeited; but it is interesting to note that good behavior was sustained for a longer period after this therapy than it had been before. Subject, in spite of the two recent violations of institutional pass rules, has been much less a custodial problem since this course of treatment given over a year and a half ago.

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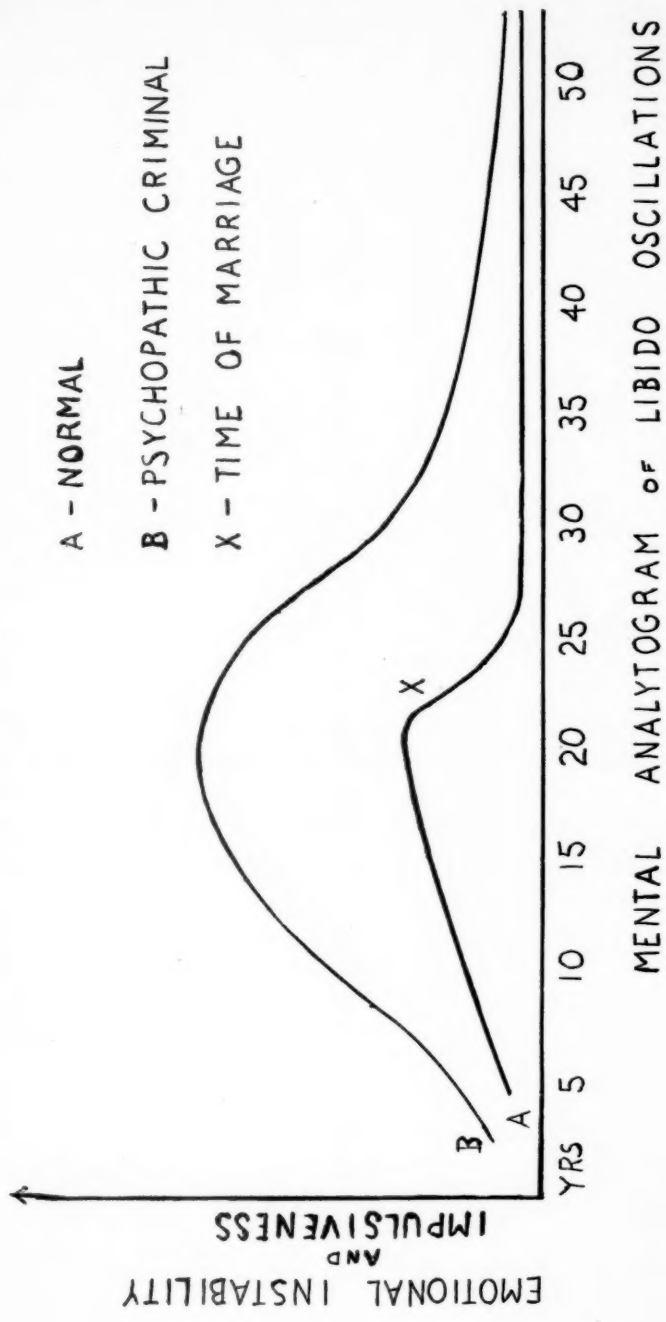
A - NORMAL
B - PSYCHOPATHIC CRIMINAL
X - TIME OF MARRIAGE
EMOTIONAL INSTABILITY AND IMPULSIVENESS
YRS 5 10 15 20 25 30 35 40 45 50
B
A
X
MENTAL ANALYTOGRAM OF LIBIDO OSCILLATIONS

WIDENING THE CONCEPTS OF INSANITY AND CRIMINALITY

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I.

Several years ago a lawyer called on me and asked me whether I would undertake to defend in court a case of bigamy, the plea being that of insanity. He told me that he had consulted other psychiatrists but that they had refused to take the case as they did not believe the man was insane. He further told me quite frankly that he, himself, did not see that there was anything wrong with the man but it was his professional obligation to do his best by the client, and having heard that I was "extreme," and believed that every criminal was insane, he came to me to ask whether I would care to examine the man and testify on his behalf if it accorded with my findings. I had a number of interviews with this client. Limitations of space do not permit me to go into details of his life history. Very briefly the situation was somewhat as follows:

> While still married but separated from his wife, who was in another city, he fell in love with the girl who is his present wife and married her. The man stated that the very moment he saw this girl he fell in love with her and wanted to marry her regardless of consequences, and because of fear that such a beautiful girl might be quickly taken up by somebody else. "It's true," he said, "that I was married, but since I was separated from my wife and she was suing for divorce (which incidentally didn't turn out to be true) I saw no reason why I could not marry again."

From the lawyer I learned the other side of the situation, namelv that this young woman was the daughter of an old recluse who was reported to have lots of money, ;how much no one knew, but it ran into thousands, and in the imagination of the prospective son-in-law it ran into the hundred of thousands, and that this marriage was consummated

for the ostensible purpose of gaining access to the girl's money. Shortly after the marriage the old man died, but while the will specified a definite inheritance share for the young woman, it at the same time stipulated specifically that the older son, her brother, should be the guardian of the money until the girl had reached the age of 45, she being at the time of the trial 25. The reason for this particular stipulation was that the girl was a high grade mental defective, with an I. Q. of about 80. In addition she was emotionally unstable and neurotic and quite completely under the dominance of her husband, who manipulated her any way he wanted.

It would be too long to give the details of the life history of the defendant. Suffice to say that after examining him I could not find, according to his narrative, a single thing wrong with him. He was, according to his statement, a most excellent husband, a devoted father, consummingly in love with his wife, never did anything wrong in his life, and all that was being told about him was obviously not true. He had never been in trouble, his sex life was perfectly normal, like the average, and all he wanted to do was to take care of his wife and two children.

However, after a number of interviews, it became apparent, even by his own recital of material facts, the psychiatric significance of which he did not appreciate, that I was dealing with an undoubted case of what is commonly known in psychiatry as constitutional psychopathy (what I have called idiopathic psychopathy or anethopathy).

I told the lawyer that it was my conviction that the man was insane, though not suffering from any psychosis; that though technically he knew at the time of commission of the crime that he was doing wrong, still he did not possess the emotional and moral equipment to be able to desist from doing wrong; that for reasons that we psychiatrists are as yet unable to explain, he completely lacked the moral sense, much in the same way that a mental defective lacks intelligence; and just as a mental defective is unable to use good judgment because of lack of intelligence, so this man could not use proper judgment when confronted with a moral problem. It just was not in him.

I went to court and testified on his behalf. I pleaded before the jury that the term "insanity" should be understood in its widest sense, as related to problems of misconduct and maladjustment over which the individual has no control; and that this is true not only of cases where the lack of control is due to the presence of hallucinations and delusions, or to mental defect, but true as well of those cases which, though ap-

parently intelligent, are unable to control the behavior, either because of lack of moral sense, which incapacitates the individual from choosing right from wrong (psychopathy), or because he is emotionally so confused that even though he knows intellectually the difference between right and wrong, and indeed is most anxious to do the right instead of wrong, yet is driven by peculiar derangement of his emotions to do the wrong (neuroses).

I tried to plead before the jury that we have outgrown the old concepts of insanity, and that we must widen our range. I therefore stated that the defendant was not responsible for what he did, because of lack of capacity to choose right from wrong even though he knew it intellectually; and that if I knew more about him, which knowledge could only be gained through a prolonged study, I could probably bring forth further evidence that he was abnormal in other ways as well, for it is rare that an individual suffers from only one abnormality.

In particular I emphasized that it was not my intention to free the man from responsiblity for the crime, but rather to protect society from his depravity; and I urged that, rather than give him a sentence which, because of our particular prison methods, could not possibly correct him, it would be superior to send him to a psychiatric hospital where he could be treated and kept for as long a time as necessary, to remain indefinitely for years, as the situation warranted.

When the defendant was put on the stand he gave the impression of a perfectly healthy, normal, individual, mentally alert, apparently wholly capable of taking care of himself, and with no evidence whatever that he was in any way abnormal, as judged by the usual standards.

His first wife was present at the trial, and testified to the fact that he was unreliable, a very poor provider, and that he "sponged" on her all the time. It was interesting to me that after the trial she spontaneously came over to me and remarked, "Doctor, you are the only man who ever really spotted my husband right. He can fool almost anybody, but you've got him straight. Do you know," she whispered, "that he is subject to all sorts of abnormalities, that I caught him once attempting to have sexual relations through the rectum with his own little boy. Such a man! Such a man!"

Both the lawyer and I knew that no jury would ever give a clear verdict to a man of this type, and, as we expected, the verdict was "guilty as indicted."

But the judge was apparently impressed with the testimony, although he was obliged to abide by the decision of the jury and to give

the man a sentence. He took a week to decide upon the sentence, and it is interesting to note that during that week the defendant was arrested on a charge of stealing gasoline from an automobile. In this arrest, while being searched, it was discovered that he had in his pockets obscene pictures.

Though technically the defendant was charged with bigamy, which is a sexual crime, his real reason for marrying was predatory, the desire to get at the girl's money, this desire being so strong and the pressure so immediate as to outweigh all considerations of prudence and sober judgment. Though technically I testified on behalf of a man charged with bigamy, it would not have made any difference, so far as my own testimony was concerned, whether the charge was a sexual offense or some predatory offense. Indeed, had I been called to defend him on the charge of stealing the gasoline, I would still have defended him. The important point here is not the question of the particular legal charge, but of the motives back of it. In this case I felt we were dealing with an individual commonly known as a constitutional psychopath who is guided entirely in his drives by primitive instincts, without regard for the requirements of culture. Instead of a sentence to prison I would have confined him indefinitely in a hospital, until it was felt that he was not likely to indulge in any anti-social behavior. I do not know what became of him after he served his sentence, but the history of all these cases shows that they do not at all profit by imprisonment, and on release keep on indulging in the criminal behavior. The man's place is not in a prison on a definite sentence, but for an indefinite period of confinement in a mental hospital.

II.

In the case just cited we were dealing with the individual who has never been confined in a hospital for the insane. Psychiatrists other than myself, have refused to consider him a suitable candidate for the same, while the jury and the judge have deemed it necessary to sentence him to a period of imprisonment. I want now to cite a different type of case:

> About ten years ago there was admitted to the hospital a 55 year old man who came in what seemed to be a state of abject depression. He was worried and distressed, especially as to what the future was holding for him, and he was diagnosed as a case of involutional melancholia. His course in the hospital appeared for some time rather uneventful. Because of his ex-

treme cooperativeness, mildness of character and other traits which we value as having positive social value, he was given ground parole, entrusted to do some hospital work, and soon was allowed to go home on visits. When the hospital told his wife that it was planning to discharge him soon, she became very much upset and pleaded with us that he should not be discharged, because he still was so very sick.

I might add here that a few months after admission he was turned over to me for psychotherapy, that I had not been able to make much progress with him, especially as to learning some of the psychogenetics behind his psychosis. He claimed an exemplary family life, and had particularly strong feelings about his daughter, who recently got married. He admitted rather regular alcoholic indulgences, several admissions to sanatoria on account of alcoholism, and further admitted that though he was very happy in his family life, there had been occasional extra-marital indulgences. When I asked him about his suicidal attempts, so specifically stated in his medical certificate, he laughed at it, winked his eye and said, "You don't believe that, doctor, do you? I wouldn't hurt a piece of skin on my little finger, let alone commit suicide. I never had any intentions of doing that."

Shortly after he was allowed to go home on a prolonged visit, he called me up one Sunday morning and said he wanted to see me very badly in his office downtown. He was supposed to be a manufacturing chemist. I came to his office and I was immediately struck by the meagerness of the equipment present. A small desk, a couple of chairs and a room that was hardly more than 8 by 6. Adjoining this was another room ever more barren than the first one. He said:

"Doctor, I called you because you have done so much for me. I cannot tell you how grateful I am for what you have done for me, and I want to show you my appreciation. As you know, I have been maufacturing various popular chemical articles. But for the sickness which interrupted my work, I am still doing a large business. Here is one of my order books." He showed me an order book filled with orders. Here was an order for $500 from Macy and Co.; another from Wanamaker in Philadelphia, for $600; another one from a large department

store in Washington; all the orders running into hundreds of dollars. There could hardly be any doubt but that the man was doing a large volume of business.

"But where is your stuff?" I asked.

"Why," he said, "I do it all in Baltimore. Here I merely maintain a small office. My concern is incorporated and a share is worth $100. Now, what I want to do for you is to give you ten shares, worth a thousand, for $250; that is, I virtually make you a present of $750. The profits and dividends amount to close to 30% a year, which means that in less than a year you will be able not only to pay for the small outlay, but even have some left."

The sales talk was so smooth and so convincing that, were it not for the fact that I have dealt virtually all my life with high grade confidence men, I readily see how I, or another person, might easily have fallen for it. I suggested that, since he was so grateful to me for what I had done for him, he might go a step farther and take out the $250, that he wanted, from the accumulated profits of the stock he was going to give me.

At this however he balked. I told him I would think it over and let him know. A few days later the hospital came into the possession of some very valuable information. It turned out that this man had a long criminal career, having escaped most of the charges, but nevertheless, having spent some time in prisons outside of Washington. He was a high grade confidence man, and by his smooth talk fleeced people right and left of considerable money. He also had the habit of advertising for girls to work in his office, and, under the pretense of examining them physically, since he claimed he was a professional man, would undress them and 'feel' whether they were all rght physically, for the work.

We now had secured a number of exhibits which were very interesting and revealing. It now appeared that his whole psychosis was malingered. He got himself involved in a number of difficulties, and hit upon the idea of faking insanity in order to escape the responsibility and consequences. The hospital, of course, in accordance with established action in such cases, promptly discharged him as a psychopathic personality without psychosis. My point here is that, though the man was obviously not psychotic, I would still regard him as being profoundly abnormal. A man who is unable to stay within the family, fleecing people right and left by lying and cheating, a heavy alcoholic, abnormal

sexually, even though he is not psychotic and is mentally clear, still is as fully insane as any psychotic ever was.

I plead that this type of man belongs in a hospital for the insane. He should not be given privileges regardless of how good his behavior is, for he only utilizes these privileges to take advantage of other people. We now understand the reason why his wife was so unwilling to have him discharged from the hospital. It was because they feared the charges that were pending against him.

That the experience in the hospital was of no profit to him at all, and that from a broader psychiatric point of view it wasn't justifiable to release him, (the laws are not yet ample to retain a man like him in a hospital) is evident from his subsequent behavior, which showed him in his true light. He called on a physician for some minor ailment, gave him a larger check than the fee was, taking the balance in cash. The check was worthless as he had no funds in the bank.

Several years after his discharge a physician in the city, a former student of mine, called me up and asked me whether this man had ever been a patient of mine. I told her he was. She told him that he fleeced her out of $150 of hard-earned dollars, and has done the same thing with a number of her friends. And so this man blissfully goes on, cheating and fleecing people right and left, yet society does nothing, beyond arresting him when they catch him, giving him a sentence, on the expiration of which he goes on with his former behavior. Though this man is not psychotic, that is to say, he does not suffer from any hallucinations, delusions, or any bizarre conduct based on the same, nor from a deep-seated emotional disturbance, such as depression or excitement, he is, so far as society is concerned, totally lacking in the ability to make a normal adjustment. He is not so much immoral as amoral (amoralia would be a good term for this). He is not learned, nor has he the capacity to learn, the meaning of responsibility as against uninhibited indulgence, of right against wrong, of duty against irresponsibility, of self-control against license. He has less self control than a child of three, for as the analysis of their histories shows, they are arrested at a much earlier age.

III.

It is rather common, one might say almost universal, that all sexual crimes are grouped under the heading of psychopathies except in those instances where there is no doubt about their being psychoses. I wish,

however, to present another case which is undoubtedly a neurosis, and the crime is a sexual one:

> I am dealing here with a young adult male who seemingly out of a clear sky has given up a perfectly good position as a clerk to become a peddler of small wares. He would carry his bag with him and usually go through small towns and villages. He would come to a house, knock at the door and if a woman answered the door, he would try to sell what he had to sell. Every now and then, however, he would come to a house where the door would be opened by a little girl. He would ask her whether her mother was at home and when told that "mother was out and will be back in an hour" he would say he wants to come in and wait for her. The little girl, unaware of the intentions of the man, would let him in. Within fifteen minutes rape would usually take place and the man would skip out before he could be apprehended and reported. Finally he was apprehended. He was brought to trial and received a death sentence. Because his people were rather prominent, they managed to secure the assistance of a very capable lawyer who maneuvered the case to be presented as a case of insanity. The man was pronounced "not guilty by reason of insanity and mental deficiency" and was accordingly sent to the state hospital for mental defectives. Within a year the same lawyer took out a writ of habeas corpus, maintaining that the man had recovered his sanity. Our subject was accordingly released.

One would suppose that having faced the electric chair once the man would have learned his lesson, but (apparently we are dealing with something stronger than reason), within a short time afterwards he was arrested again on the same charges. This time the District Attorney refused to compromise, but compromise he finally did by an agreement that the man leave the state. Our subject left the state and came to Washington. Surely one would believe that now the man has had all the lessons he needed. But it was not long after coming to Washington that he was arrested again on the same charge. By now he had the advantage of having been adjudicated insane and he was accordingly transferred to Saint Elizabeths. I had the opportunity to analyze the man which analysis brought a complete recovery. It's hardly possible for me to present the details of the case, but there was no doubt we were dealing here with a neurosis, a conditioned sex reaction, one of the major

roots of which was traceable to a traumatic experience in his childhood when he himself was assaulted by an adult woman. This woman lured the little boy into her house, took him to her bedroom, pulled the shades down, locked the door and completely undressing herself, assaulted the boy. The large mass of pubic hair and the whole setting so frightened the little boy that it remained indelibly impressed upon his mind. When he reached adulthood, he would go after little girls because they had no pubic hair. Instead of going to a prostitute once a week, he would save enough money to bribe the prostitute to shave off her pubic hair. It was really a pubic hair phobia. This has conditioned him not to deal with adult women but only with children. It is now close to 15 years since the man has been discharged from the hospital recovered. The latest reports are to the effect that he has not been in trouble since. One may reflect here that as an individual he was not deterred by the fear of death, that he was apparently under the influence of an irresistible impulse which was beyond any control that his intelligence could exercise. Though technically the man is called psychopathic personality without psychosis, there is no doubt that we are dealing here with a well established and well fixed neurosis. He may not be insane according to the current psychiatric or legal language, but he indulges in behavior the causes of which were unknown to him and over which he obviously has no control. As I see it, he is socially and in other ways insane and therefore not responsible for his deeds. Institutional care and analytic treatment for a definite period does not solve the problem and a death sentence, while solving the problem with the present case, does absolutely nothing to prevent the formation of hundreds of cases of this type that are being developed now under our very eyes. Analysis of criminals has shown that much of their criminal behavior is psychogenically conditioned in spite of the fact that criminals as a group hardly give the impression of being neurotic. But if a criminal's behavior is indulged in against any reason that the criminal may struggle with, it is quite obvious that the driving causes behind it being unknown to the subject, and unconscious, they present essentially a picture of insanity.

What has been found to be true of this case is fully as true of other types of sexual offenders. I have in my files cases of exhibitionism, peeping, paedophilia, fetishism, transvestism, and other forms of sexual anomalies that frequently enter into criminal behavior, that have been cured or improved by psychotherapy. It is folly to speak of these cases as being but minor deviations of conduct that can be placed within the framework of normality. To me, they are much more than mere abnormali-

ties of behavior. They are all essentially neuroses, and very deep seated ones at that; and by the same token unconsciously conditioned reactions beyond the voluntary control of the individual. It is legitimate, therefore, to ask that they be included in the sphere of insanity.

IV.

Permit me now to direct your attention to the most frequent form of criminal behavior, the common predatory type. In this type the question of sanity or insanity is less likely to be raised than in any other type. We know these men as swindlers, burglars, forgers, thieves, robbers, etc. Yet, at least in my experience, these men, though superficially perfectly normal, are found on more intimate study, to be motivated in their criminal behavior, by unconscious drives over which they have no more control than a neurotic or psychotic has control over his symptoms; their criminal behavior being indeed but a symptom of insanity.

> In the first of these cases I am dealing with a middle aged white man who has been arrested on a charge of burglary, having been caught in an apartment house with some loot in his hands. Tried and convicted, he is given a sentence of several years and is freed on the expiration of his sentence. Apparently the imprisonment did not do him the good intended, for it was only a few months later that he again had to stand trial on an identical charge. We must cut the account short by the statement that he thus served a number of sentences, apparently not having profited in the least by the several confinements, as is, for that matter, the case with all too many criminals. During the last imprisonment, having heard that St Elizabeths is an easy place, he malingered insanity—so he says at least—and landed at St. Elizabeths. There we secured from him some very revealing data which totally escaped the police, the judge, and even the Municipal Psychopathic Hospital. We learned that his burglary was of a specific, very limited type. Never would he go to the apartment of families but only where several women lived alone. Neither was he concerned primarily with mercenary gains, though he would take money when found. His prime concern—and that for which he made the most search—was female intimate garments, which he used later for masturbation purposes. He is, in other words, a fetishist and we are

> dealing here with an instance of fetishistic cleptomania. He belongs to the group of people whose sex life has early been detoured into abnormal channels and whose main or sole release is through such channels. Years ago he tried to make a heterosexual adjustment but was unsuccessful; neither could he adapt himself to marriage and his wife soon divorced him against his will.

We can now understand why the repeated sentences failed to do him the good intended. Sex is a powerful instinctual drive and must find its release, obstacles and dangers notwithstanding. His particular form of sexual satisfaction is fetishistic masturbation and his burglary therefore, has the same instinctual psychogenic significance as the sexual instinct itself. It is useless to punish him for the crime for as experience has shown, he will repeat it as soon as released; sentence or no sentence, he is going to keep on continuing the crime as long as the sex drive is in him. What he needs is psychotherapeutic attention, confinement as long as he is not well and release from confinement only when he has gained sufficient insight to assure us that there is not likely to be a repetition of the offense. He should be treated as a sick person, for a sick person he is. We do not sentence a case of typhoid fever to a definite number of days in a hospital; neither, therefore, is there any justification to sentence a criminal if his criminality is the result of mental abnormality. And just as public health service would not release but indeed quarantine a typhoid carrier, even though the individual himself is wholly ignorant of the danger he carries, so would psychiatry insist that the individual offender be confined to a hospital indefinitely until cured.

V.

Let me conclude now with the case of a young man who has had a criminal career as long as Coxey's Army. I can give you here but the merest abstract of the case since the full case has already been published. It is safe to say that for every jail sentence this man has served, and they were many, there were at least a dozen more that he managed to escape. He successfully malingered every type of insanity depending on the occasion and has fooled many experienced psychiatrists. It is beyond him to engage in productive labor for the compensation derived from the same is wholly insufficient for his purposes. He must have a lot of money to indulge his precious ego and this money cannot be gotten except by thefts, swindling, and cheating.

The hereditary background appears to be fairly clear. Of psychogenic significance is the fact that he was a premature baby weighing at birth 3½ lbs., always delicate and much underweight during the childhood years, requiring so much care and attention that the craving and seeking for the same has in the end become a permanent personality trait; in later life we find him playing sickness, seeking help and otherwise constantly craving attention. When a personality is in immediate danger, the development of proper social attitudes is blocked by the instincts which demand a more immediate satisfaction. This and the fact that he was the center of attention for years has accentuated the egoistic tendencies to a pathological degree. Maternal overprotection has contributed greatly to emotional dependence and a conservative sex life. Because of retarded development he has from earliest years felt himself neither able nor willing to take part in normal daily activities, so that on growing up, even when he was already physically at par, he lacked the normal healthy attitude toward reality. As a lateral consequence of this invalidism and the patient's inability to meet adequately the reality of life, he has come to require long periods of rest. These psychic traits largely an outgrowth of stunted development, have continued for so long that they have become fixed into habitual modes of expression.

Obliged because of retarded development, to begin school life at a later period than normally, he was now confronted by a new factor—stammering, which has caused him great anguish because of the attendant ridicule on the part of schoolmates and his consequent feeling of humiliation. It made him lose faith in himself, made him still more sensitive and emotionally labile, causing him to withdraw from the company of playmates. Out of these feelings of aloneness, inferiority and insecurity, there arose as conspicuous reaction, a growing phantasy formation in which he sought escape to neutralize the hurt to his ego; it served both as a compensation and a protection against unpleasant reality. Socially this escape from reality was manifested by truancy from school, our boy spending instead his time in reading the biographies of rich and accomplished men whom he wished to emulate. The collection of street car transfers was a symbol of money and an expression of his drive toward the goal of great achievement. He began to live more

and more in phantasy, was mainly concerned with powers and riches and this of necessity was at the expense of reality, interfering with normal adjustment.

In order to make his truancy effective, he had to practice his first deceit before his parents; stealing his father's watch without permission was the next in order. With the little money realized from the sale therefore he made an unsuccessful attempt to run away. This only made him in the light of misunderstanding parents and teachers, an incorrigible child. The consequences of this was a period in a reform school and a fixed conviction on his part that he would never accomplish his ambition at home.

Home was thus a good place to be away from, while the outside world lured him with its promises of wealth and greatness and the hope of realizing his childhood ambitions. With the declaration of war, unable to join the army regularly because of his youth, he manages to steal into the ranks and thus became a last-hour participant in the World War. Thereafter, we find him traveling almost aimlessly all over the States in search of impossible ambitions and successes, posing as a war-scarred veteran on the basis of which he would receive gratuities and attention to which he was not entitled; unable to temper ambition with judgment and never putting forth enough energy to accomplish something worth while that would be in line with his childhood phantasies, he, on the contrary, over-indulging in phantasies and make-believe actions that would only seem to make the phantasies real. But the very indulgence in phantasies would absorb so much of his energy that little was left for actual accomplishment, thus establishing a vicious circle and defeating the original purpose. His original mental equipment was insufficient to realize the ambitions he set for himself, the intrusion of phantasy interfered even with what success he might have had otherwise, the result being that at best he could lead only a marginal existence. As the money earned was not sufficient to satisfy the needs that accorded with the demands of his phantasy, when the pressure of phantasy realization would become strong, it sought vicarious expression through predatory crimes that would temporarily satisfy the phantasy. The possession of money would further provide him with an opportunity to rest and indulge in idle phantasizing.

After this would come a lull in activity, but it would be brief and, as the phantasy pressure would become great again, another predatory expedition or some other anti-social method of obtaining money would be resorted to.

In normal life an act is preceded by an idea of the act that requires no greater mental effort than is necessary. In the case of the patient phantasy outweighed reality. The predominance of phantasy in his life was evidenced by the presence of a variety of dissociated states, of which absent-mindedness was the most conspicuous and frequent, and the extent of this dissociation was an index to his phantasy absorption.

In the case of this young man whose predatory assaults on society have been large and varied, we find a fitting illustration of the influence of phantasy, as a stimulus to crime in order to realize the phantasy. The early anti-social acts originating in childhood situations appeared as inevitable consequences of conditions in the shaping of which our boy took no willing part. They represented hysterical attempts to escape painful situations and by the same token alwals led to further and more difficult involvements. Thereafter, the anti-social reactions were sought on their own accord to satisfy an indulgent phantasy life.

Yet, superficially his criminality cannot and for that matter was not differentiated from that of an habitual chronic criminal. He is essentially the swindler type, profiting by his lies. But where immediate material benefit is the psychopath's main concern, and so it seemed at least superficially, in his case, a closer study of the situations revealed it to be somewhat different in our patient. When he cashes a bogus check he gets satisfaction from being thought clever, a tendency which he shows even in other social relations, as when he speaks of himself as being an excellent salesman, mechanic and what not. He steals that he may dress well and look like a prosperous man, giving an outlet to his megalomaniac phantasies which is not a psychopathic reaction. Superficially psychopathic, he is fundementally neurotic, and as such properly belong to a psychiatric institution.

VI.

When one makes a genuine effort to study more intimately the life history of chronic habitual predatory criminals, he will regularly find in operation unconscious psychogenic motives that are the driving forces

behind criminal behavior. This removes criminality from the field of conscious control and brings it more properly within the sphere of psychiatry. This view may be at variance with current legal and psychiatric practices but accords entirely with the more advance dynamic concepts in psychopathology that consider the individual rather than the deed itself and emphasize motive rather than behavior proper, as the paramount factors of importance. It is not too much to hope that as time goes on psychiatry will take larger care of criminals who can be treated more scientifically in special institutions than in prisons.

I have confined myself in this presentation mainly to those phases of insanity which have a more or less direct bearing on criminality. The problem, however, is much wider than that. I need but to mention to you the problem of alcoholism which is a profoundly abnormal psychic reaction but the proper provision for which is virtually lacking. Those of us who have to deal with alcoholics clinically know that the non-psychotic alcoholics (nosologically designated in our classification as chronic alcoholism: Not insane since admission) are as profoundly abnormal as any of the individuals who suffer for the recognized alcoholic psychosis. Though they remain mentally intact, their social degradation is often appalling. When they become acutely ill, we confine them for a brief period and then discharge them knowing full well that they are bound to come back. Wouldn't it be superior that we recognize the problem and provide special institutions for their care since they are so helplessly unable to take care of themselves?

Our accommodations for the care of the non-psychotics of various types as given above are woefully inadequate. By legal provision mental hospitals can care only for the strictly psychotics and the mental defectives. Neuroses, psychopathies, sexual offenders, criminals and alcoholics are not not adequately provided for. There is a great need for special institutions for these different types. These institutions would stand midway between Mental Hospitals on the one hand, and Mental Hygiene Clinics on the other. Expensive though they may be in their upkeep, they can effect in the long run a great saving to the community.

Summary and Conclusions

Our current concept of insanity is altogether too narrow and limited and is confined almost exclusively to strictly psychotic manifestations, such as delusions and hallucinations, in their most obvious and gross forms. In this respect psychiatry sees manifestations of insanity

almost eye to eye with law. However, there are numerous abnormal manifestations which though not expressed by hallucinations, delusions and bizarre ideas are as deeply seated and capable of thoroughly distorting the individuals' personal and social behavior. Here must be included neuroses, psychopathies, alcoholism, and sexual deviations of various types which so incapacitate the individual as to prevent him from making a normal personal and social adjustment.

Because of this limited concept of insanity, the concept of criminality is also very limited. The average psychiatrist would not testify that a criminal is insane and therefore not responsible for his act unless he suffers from a definite psychosis. When such individual suffers from an undoubted neurosis, chronic alcoholism, a sexual abnormality, or psychopathy, though a psychiatrist will admit in private that such a person is abnormal, he will nevertheless testify in court that the subject is not insane and is therefore responsible before the law. Material and argument has been presented to show that this view is no longer tenable, being altogether too narrow and that we must widen our concepts of insanity and criminality to include neuroses, psychopathies, criminality, and sexual abnormalities as profoundly abnormal modes of behavior fully on par with psychoses so far as incapaciting social behavior is concerned, and hence to be treated forensically and psychiatrically as the most fully developed psychoses. It is submitted that special institutions may have to be built to adequately care for these types of cases.

PRESENT DAY REQUISITES FOR TRAINING AND EDUCATION IN FORENSIC PSYCHIATRY*

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The estimated number of serious crimes in the United States during 1940 was over a million and a half, representing an increase of 2.2 over the 1939 figure. For the most part this criminal activity was the enterprise of persons under 21 years of age, two-thirds of whom had 2.6 previous verified convictions.(1) It is estimated that crime costs take nearly one-fourth of the national income, and this represents a sum three times the total expenditure in the United States for education. Such a vast expenditure represents in large measure the costs of law enforcing and convicting machinery, of maintenance of ever-expanding penal and correctional institutions and of a multiplicity of parole and kindred agencies, paralleled only by the increasing outlays for meeting the rising tide of neurotically and mentally ill.

It would seem that heretofore, psychiatry has played but small part in this vital social problem; that the energies applied to its amelioration and hoped-for solution have been largely channelled in terms of expanding budgets and material resources designed for punitive and custodial facilities with little allocation for scientific study and preventive measures.

In retrospect one sees that only today is penology yielding to the impact of concepts which have revoluntionized hospitals and asylums during the past 100 years. Several hospitals which were founded in America about 1750 were not utilized for research purposes until over three-quarters of a century after their establishment, and similarly asylums created about 1800 were not used for clinical purposes for another 75 years.

For the first one-hundred and fifty years of prisons in America, the emphasis has been custodial, but today we are experiencing the evolution to the clinical and investigative. About 1790 there was established the "Pennsylvania" or "Separate System" of imprisonment as a humane substitute for old-world barbarism. In this new system the chief aim of incarceration was penitence. The failure of this system is

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epitomized in the admonition of De Stendhal who said, "One can acquire everything in solitude, except character." Later in the first quarter of the 19th Century the Auburn or Silent System was developed. Silent associations by day with solitary confinement at night served as retaliatory ends of society then as ineffectually as did previously the Pennsylvania System. About 1850 there was installed the Elmira System, based upon the concept of individual classification of law offenders and of the abandonment of punishment to fit the crime.

Subsequently, this principle has brought into existence parole, probation, and the indeterminate sentence of the Juvenile Courts. More recently we have witnessed the establishment of a few psychiatric clinics to criminal courts for adult offenders, and the beginning of a new kind of jurisprudence conceived to make the law a living social institution integrated with modern science.

Our awakening to the inadequacy of traditional criminal justice and to modern scientific concepts is reflected in several ways, notably in new legislation, which in its fulfillment summons psychiatry for a larger share of responsibility, and in the increased volume of psychiatric and sociologic literature devoted to the criminal problem. The Briggs Law of Massachusetts comes to mind as a forerunner of specialized psychiatric participation in criminal justice.

The State of Michigan enacted (1939) a law[2] which defines a criminal sexual psychopath and provides for the commitment of such a person. In the same year the legislature created a statute[3] which specifies the qualifications of a psychiatrist; namely, that he must be duly licensed, and that he must have at lease five years experience in actual practice including three years exclusive practice in the care of persons suffering with nervous and mental diseases. His practice must be confiined wholly or substantially to the diagnosis of such cases.

A similar new law[4] (1939) in Illinois also defines the psychiatrist by his qualifications and requires the examination by such a qualified expert of all persons convicted of rape, incest or crimes against nature, etc., before release from penal institution.[5]

In February 1940 the United States Supreme Court held valid the Minnesota Law[6] which defines, "irresponsibility in sexual conduct" and provides commitment as if *insane* for those declared by committing physicians to be dangerous to others. The language of the Act employs the phrase, "Psychopathic personality" and attempts to define the same. One commentator[7] has pointed out that a great responsibility is placed on County attorneys and probate judges, "Notwithstanding

the fact that it directs the appointment of two duly licensed doctors of medicine to assist in the examination of the patient." Our experience, however, should counsel that the appointment of two such duly licensed doctors of medicine is no guarantee that the law will achieve its intended aim and as the commentator further warns, this law may prove to be "simply another added to the group of statutes which are a constant threat to society as a whole without adequate gain." He pleads that, "More research and the training of larger numbers of men and women who are willing and anxious to devote their lives to study are urgently needed in dealing with this problem . . . . "

It would seem that this law and others like it may well become nuisances unless the physician is enlightened in the special field of criminal psychiatry and can meet the added responsibility of expertly carrying out the social aims intended by new statutory provisions.

Apropos the recently approved Youth Correction Authority Act, Dr. William Draper Lewis, Director, American Law Institute, stated the following in a personal communication: "The American Law Institute is working on an Act for the establishment of a training and treatment Board for youths between 16 and 21 convicted of violation of law . . . It is vital to its success that there should be in existence a sufficient number of young psychiatrists trained in criminal behavior characteristics to be eligible for appointment as technical advisors and assistants to this Board."

Bills for the local adoption of the Youth Correction Authority Act have been drafted in California, Kansas, Illinois, Wisconsin, Pennsylvania, New York, Texas and Rhode Island, and introduced into the legislatures of six of these states. The act has been pushed vigorously in California, Illinois, and Rhode Island.

In general the trend of new penal legislation is that in which the community views the criminal as a mentally abnormal person for whom treatment promises more than measured retributive punishment. By the same token the community tends to call upon psychiatry to carry out such treatment in practice. It would seem that such a community trend should eventually bring the penitentiary and correctional institutions into the orbit of the State Mental Hospital System. For all practical purposes the parole of the individual criminal is the same problem as the parole of the individual mental hospital patient. Under existing legal machinery there is often a large element of chance whether the socially maladaptd individual finds himself in a state hospital or a penal institution. With the increased facilities for psychiatric scrutiny of the criminal

groups it may become more apparent that either there is an increase of neurotic and psychotic criminality or that we are discovering more by refinements of diagnosis. Suffice to say, the social problem created each year by the release of 500,000 persons from penal and correctional institutions is by no means less consequential than the parole of mental hospital patients in an equal period of time.

Our concern therefore is to determine the manner in which psychiatry can meet its responsibility in the current criminal problem. It has been pointed out that the barrier to medical-legal progress in crime control is the lack of understanding between medicine and social science and law. This misunderstanding is the offspring of the isolationist tradition between these disciplines. It should follow that our initial step should be the re-integration of professional education. This step has been taken in a few schools. Formal instruction in psychiatric and social science to law students is given in about 8% of schools recently surveyed.[8] Thus there are beginnings in instruction of law students in human behavior in the field of psychiatry, psychology and sociology.

The University of Iowa Law College is pioneering a new phase of legal study—Psychiatric Jurisprudence, conducted jointly by Dr. Andrew H. Woods of the University Psychopathic Hospital and professor Rollin Perkins of the Law College. "The new course offered in only a few colleges in the country seeks to correlate the profession of law and medicine now at odds on the insanity subject . . . This work will not turn the lawyers into psychiatrists, but its purpose is to force lawyers to awaken to the problems of insanity and mental diseases so that competent psychiatrists may be called in to aid in the disposition of a problem."

For the past six years, Dr. Eugen Kahn has conducted a Psychiatric Seminar study in collaboration with the Yale Law School.

To this aspect of legal education, Dr. Bernard Glueck has commented that, "Opportunities should be available for post-graduate work in biological and social sciences for those who elect to specialize in the practice of criminal law. Certainly the aspirants for position of public prosecutor should be obliged to make themselves acquainted with the broader implications in the administration of the criminal law. We demand this in connection with specialization in the field of medicine. The prodigious amount of time and energy which goes into the doctor of philosophy, psychology or sociology could be turned to good account if it were applied to the field of criminology."

This emphasis on scientific instruction to law students should not distract us from the requisites for education of the psychiatrist in forensic problems; his introduction to the social sciences including the law is equally imperative, and he too must turn to the institutions of learning for his reorientation.

In the light of present social dislocations and of the perturbations to come in post-war adjustments, we cannot be unheedful of our duty to prepare now in anticipation of the greater problem to come. The psychiatric profession must meet the problem of specialization in the field of criminology. There must be created means of educating the psychiatrist in terms beyond our rigid concept of lunacy and in terms of a superior service for which the community will come to sense a need and eventually a demand. We must break down the traditional isolation between doctor and lawyer by bringing the social sciences into both medical and legal education. The achievement of such realignment of professional education requires that we should begin with changes in the curricula of our medical and law schools.

Present day requisites for training and education in forensic psychiatry resolve into two proposals; first, that there should be established in each university a chair of forensic psychiatry, and second, that graduate courses in criminology should be provided for specialization. The function of such a chair in forensic psychiatry should be to promote research into causation and prevention of crime in a manner not dissimilar to that function of the chair of psychiatry which promotes research into the causation and prevention of mental disorder. Such a chair should also function to establish a system of lectures in the medical and law schools and in the large cities for enlightenment of the general public.

The second requisite of graduate special training has witnessed its beginning in Pennsylvania and is known as "The Pennsylvania Plan" originally conceived and sponsored by the Joint Medico-Legal Commission of the Philadelphia County Medical Society and the Philadelphia Bar Association, after a three-year study beginning in 1937. The Commission's Report of this Plan appeared in March 1940. "The Pennsylvania Plan" began operation in January 1941 under the faculty auspices of the University of Pennsylvania and with the allocation of the Commonwealth Fund of New York. The Plan received the approval of The American Psychiatric Association at its Cincinnati Session in 1940. The training program of this plan embraces two special features: First, academic reorientation of the psychiatrist in the social sciences; namely, so-

ciology, criminology, anthropology, criminal law and criminal procedure and special electives in the University to fill in gaps of educational equipment; and second, actual supervised participation in individual criminal problems in a penal institution. Such a training affords constant re-supplementaton of day by day experience in theory and practice.

The Plan is operating as originally drawn and provides for two paid fellowships in penal psychiatry, each of two years' term. One fellow began training in January 1941 and a second fellow began training September 1, 1941. It is the hope of the sponsors of the "Pennsylvania Plan" that the training will achieve the following objectives:

1. To attract well-qualified men of sound psychiatric background and of scholastic attainment to the hitherto neglected field of criminal psychiatry.

2. To enable such persons to gain first-hand clinical experience within the walls of a penal institution.

3. To enable young psychiatrists to gain a broader concept of the contemporary crime problem by direct personal experience with and study of the courts and legal institutions.

4. To create especially trained psychiatrists for positions in the criminal court psychiatric clinics, special parole boards etc., anticipated in the legislation of the immediate future.

5. To supply qualified psychiatrists to penal and correctional institutions.

6. To improve the general status of psychiatric expert testimony.

7. To create a closer linkage between the Universities and State institutions, to the end that they both may more effectively serve the needs of the community.

8. To bring the legal and medical professions into a closer integration and common purpose in community service and to promote facilities for psychiatric criminal resarch under University auspices.

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A COMPARISON OF ALCOHOLISM AND DRUG ADDICTION WITH PARTICULAR REFERENCE TO THE UNDERLYING PSYCHOPATHOLOGICAL FACTORS

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The underlying psychopathology of the alcoholic and drug addict has received little attention in the past. For several centuries, addiction, to whatever chemical agent, has been regarded as a deliberate infraction and has been handled as a problem in penology rather than psychiatry to which latter field, it properly appertains.

A detailed study of 124 patients admitted to the Boston Psychopathic Hospital with the diagnosis of psychosis due to drugs or other exogenous toxins[1] showed the social background and the physical and psychological makeup of these patients. A similarity was demonstrated between the social background of the drug addict and the alcoholic, as well as in physical and psychological makeup. A further comparison between drug addiction and alcoholism and the psychopathology underlying both conditions is the subject of this paper. The similarity in the physical condition of both types of addict probably depends on the poor hygiene and the faulty dietary habits which lead to vitamin deficiencies. The relationship between avitaminosis and the so-called alcoholic psychoses is now regarded as more than accidental[2] and this may also be true in the case of psychoses which result from the excessive use of drugs. In the latter cases, pathological studies are lacking, such as those made by Alexander, Jolliffe and others in relation to alcoholic psychoses.

The reasons given for taking drugs in the series of cases studied at the Boston Psychopathic Hospital were varied and included insomnia, pain, psychological reasons, marital or sexual difficulties, financial or business worries, the influence of friends or companies and industrial exposure to toxic agents. Other reasons given in a few cases were: to induce abortion, for suicidal purposes, because of anxiety, and to

replace alcohol. With one of two exceptions, these are the identical reasons given by many alcoholics in attempts to explain excessive drinking. In each case habituation involves psychic dependence upon a drug to escape the realities of living with which the patient is unable to cope.

The similarity in the psychopathology of the drug addict and the alcoholic has been observed by many psychiatrists. In both instances, the individual is usually very sick with a complex illness which is little understood by the laymen with whom he comes in contact and almost as little comprehended by the physician. In both instances there is a foundation of personal inadequacy, social maladjustment and psychological disturbance. At times the addiction pattern reaches a relatively static level but seldom does it decrease without external therapeutic assistance.

Kolb[3] has pointed out the identity of the impulses which propel the individual toward taking drugs or taking alcohol. The psychoneurotic, the inebriate, the psychopath and temperamental individuals who fall easy victims to drugs, all experience feelings of inadequacy, which are temporarily relieved by drugs or alcohol. Their cravings are not specific but may be satisfied by a variety of drugs or by drugs and alcohol alternately. In fact, either may be used to satisfy the inebriate impulse while temporarily abstaining from the other. Regardless of the drug employed (and alcohol is essentially a drug) no addiction is an escape from the realities of living. The common attitude toward the drug addict in the past has been that he is degenerate and so enmeshed in his habit that he can not extricate himself; the feeling toward the alcoholic has been that he is stubborn, immoral and contrary and could stop drinking if he wished to do so but Kolb [4] has pointed out that "much of the moral deterioration attributed to narcotics in the past was not deterioration but the result of an original nervous instability and moral obliquity"

Faris and Durham,[5] in their study of mental disorders in urban areas state that their drug addiction series is in some respects comparable to their alcoholic series. "Often similar theories are used to explain drug addiction as are used to explain the alcoholic psychoses. When drug addiction is found with a psychotic condition it is possibly a case where the use of drugs is superimposed upon an already existing psychotic base. There is a wide range of difference in psychiatric opinion concerning the etiology of the so-called alcoholic

psychoses." It is, of course well recognized that within this group of psychoses there are several different reaction types with symptoms distinctive enough for clinical differentiation. These types include: delirium tremens, Korsakow's psychosis, acute and chronic hallucinosis, acute and chronic paranoid trends, alcoholic deterioration, and other reaction types. Early writers, particularly Kraepelin and Féré stressed hereditary factors in the use of alcohol. Later writers, such as Noyes[6] emphasize a homosexual basis. Myerson[7] recognizes social factors in alcoholism but at the same time lays a great deal of emphasis on what he terms individual peculiarity. Henry[8] finds in various degrees of personality stability an index of the amount of alcohol which a person might take without harm to himself. Other writers feel that the excessive use of alcohol is merely the symptom of an underlying psychosis and does not in itself provide the etiological basis for a psychosis. Schneider and Pohlisch[9], on the basis of their research and clinical experience, lean toward this view. DeFursac[10], while he accepts to some extent hereditary factors, emphasizes that they are of slight importance as compared to the social factors. Henderson and Gillespie[11] attempt to summarize much of this prevailing opinion on the consequences of the use of alcohol: "The role of alcohol is responsible for only a comparatively small proportion of certifiable cases of mental disorder . . . . There is a considerable number of minor mental conditions either of a transient or permanent nature, due to alcohol, which do not reach mental hospitals, but are responsible for much of the homicidal and sexual crimes, and for a considerable portion of the suicides. Alcohol is more commonly a symptom than a cause of mental disorder of a serious and long standing kind."

Dayton[12], in his study of 89,190 patients with mental disease cared for in mental hospitals in Massachusetts between 1917 and 1933, showed that alcoholism is one of the chief factors causing patients to be readmitted. This is particularly true of patients in the higher age brackets. Data are herewith presented about the alcoholic habits of 841 patients admitted to mental hospitals in Massachusetts between 1917 and 1933 diagnosed "psychosis due to drugs and other exogenous toxins'", or "without psychosis: drug addiction'"(Table 1). The data are presented with reference to first admissions and readmissions in order to follow the statistical practice of the Massachusetts Department of Mental Health and to render them comparable to Dayton's original study. However, the number of individual cases is 841, since read-

mitted cases are considered only once in order that the latest and most complete data for an individual may be obtained.

The statistical practice of the Massachusetts Department of Mental Health classifies patients as abstinent, temperate, intemperate, or unknown and the terms refer to the habits of the patient previous to the onset of the psychosis. They are the definitions used in the "Statistical Manual for Use in Hospitals for Mental Disease". "Abstinent" is applied to persons who use no alcoholic liquor whatever; "temperate" denotes persons who use some liquor, but not in sufficient quantities to be classed as intemperate; "intemperate" use of liquor should be inferred from (1) repeated intoxication, (2) physical, mental, or moral deterioration, or any disease due to alcohol, (3) unsocial acts due to alcohol.

The patient may have used alcohol alternately with drugs, or he may have taken alcohol and drugs at the same time. In the first admissions of patients with a psychosis due to drugs, marked differences are observed between the sexes. The males are low in abstinence (15.6 per cent) and high in intemperance (50.4 per cent). The females are highest in the abstinent group (47.4 per cent) and lowest in the intemperate (25.5 per cent). The males show twice as much intemperance as the females. In his study embracing the admissions of all psychoses to Massachusetts mental hospitals during the year 1917-1933 Dayton[11] found that 32 per cent of male and 6 per cent of females were classified as intemperate in the use of alcohol. Thus it is observed that in drug psychoses the males are more commonly intemperate (50.4 per cent) than the males diagnosed with other psychoses (32 per cent). Among the females, the differences are more pronounced. The female first admissions with drug psychoses show 25.5 per cent intemperate in the use of alcohol while Dayton's study showed only 6 per cent of female first admissions to be intemperate.

The readmissions present even higher percentages of intemperance than was found among first admissions. Of readmitted males, 74.3 per cent were intemperate in contrast to 50.4 per cent of first admissions, and readmitted females showed 54.2 per cent intemperate as compared with 25.5 per cent on first admissions.

It is obvious from these findings that the intemperate use of alcohol is a serious contributory factor in causing the readmissions of patients having recurrences of the drug psychoses. It becomes clear that patients who are users of drugs and who are also intemperate users of alcohol are much more likely to return to the hospital for a recurrence of the

mental disorder than patients who are temperate or abstinent in the use of alcohol.

The alcoholic habits in drug addiction which did not result in a psychosis but, nevertheless, necessitated the patient's' admission to a mental hospital for conditions of milder mental disorder show similar trends than those of patients with psychoses due to drugs. The males are low in abstinence (27.2 per cent) and highest in the intemperate group (42.4 per cent). The females are highest in the abstinent classification (47.8 per cent) and lowest in the intemperate group (13.1 per cent). It is evident, therefore, that the intemperate use of alcohol is also a serious complication of drug addiction without psychosis.

The readmissions "without psychosis" show similar findings to those appearing in first admissions. The percentage of males in the abstinent group (5.3 per cent) is very low and is highest in the intemperate group (63.2 per cent). The findings in the readmitted female patients differ somewhat from those on first admission, showing 36.6 per cent abstinent and a lower figure of 23.3 per cent intemperate. It is recalled, however, that the male first admissions with psychosis showed 50.4 per cent intemperate and the male readmissions 74.3 per cent intemperate. The females showed 25.5 per cent intemperate in first admissions with psychosis and 54.2 per cent intemperate in readmissions. Again it must be concluded that in the group 'without psychosis", as in the group "with psychosis", the presence of alcoholism in persons using drugs is a very serious contributory factor as far as readmission for the condition is concerned.

Further analysis may be made by comparing first admissions and readmissions. It is found that readmissions for both sexes are higher among intemperate persons with psychosis. Dayton also found a higher percentage of readmissions for the intemperate group in certain psychoses in Massachusetts state hospitals in 1937. He commented as follows: "Intemperate alcoholic habits are present in a large per cent of mental disorders not diagnosed as alcoholic psychoses . . . . The higher percentages in the readmissions, particularly in certain psychoses, indicates that the intemperate use of alcohol is a prominent factor in causing the readmissions."

A comparison of the incidence of cases of mental disease due to drugs and the number of cases due to the excessive use of alcohol during the period studied (1917 to 1938) shows that the problem of drug psychoses is relatively unimportant compared to that of psychoses arising from alcoholism. Of approximately 123,000 patients

admitted to Massachusetts mental hospitals during this period, less than 0.7 per cent were diagnosed as due to drugs, while between the years 1917 and 1933 the number of cases due to the excessive use of alcohol was 38 per cent. Of the 841 cases here studied there is some doubt as to the validity of a diagnosis involving drugs in 36 cases, or 4 per cent of the total number. A large additional number of cases might have been classified either as due to drugs or as due to alcoholism. Pure and uncomplicated mental disease due to drugs almost never occurs except in situations precipitated by suicidal intent, accidental poisoning, or as the result of industrial hazard. The chronic addict (whether to alcohol or drugs) is primarily a case of mental illness with basic personality defects and an inadequate psychological or constitutional makeup. The agent which he employs to satisfy the abnormal impulses which result from his deficiency are conditioned to a considerable extent by circumstantial factors. The treatment and prevention of addiction must be directed toward altering or compensating for the factors which antedate the characteristic symptoms of intoxication.

The following cases are typical examples of those seen frequently in a hospital for the treatment of alcoholism:

CASE I

The patient a white male, 35 years of age, married, employed as a salesman, was admitted to the Washingtonian Hospital on August 21, 1941 with a history of having taken 6 to 8 ounces of tincture of opium (paregoric) daily for one year.

Past History—He was born in this country of Irish-American parentage. His parents were in comfortable circumstances and he had a fine home. His mother was of the yielding type, his father rather strict. At the age of ten both parents died within a few months of each other and the boy was sent to an orphanage. There he was unhappy; he had no one to visit him as the other boys had; he felt that no one liked him and that the "world was down on him". At fifteen years of age he ran away from the orphanage.

For about 16 years the patient had been drinking moderately but continuously. His drinking has never been a problem in particular and he has worked all the time. Sometimes he has stopped drinking for

four days. His food intake has been irregular. His wife says he has often expressed feelings of inferiority.

Examination—On admission the patient was in a dazed condition. His capacity for relevant conversation and memory span was impaired. He was oriented as to time but not as to space. He showed silly gaiety but suffered no apparent hallucinations or delusions.

His face was slightly flushed but there was no excessive sweating, lacrimation or salivation. The heart was normal; pulse regular, respirations normal; no cyanosis. The peripheral vessels were rather constricted. The blood pressure was 110/70. The pupils were round, equal, 4 mm. in diameter. They reacted sluggishly to light and accommodation. The tongue was coated but the edges were free. Both lungs showed diffuse bronchitis. There were no signs of vitamin deficiency. Urine examination was negative.

Course in the hospital: On August 26th, the patient still showed some signs of alcoholism and morphinism; he felt like "somebody playing the piano on his spine." He was excited and restless and even belligerent and the consulting psychiatrist suggested further hospitalization. On August 27th he was discharged against advice.

The above case illustrates drug addiction combined with alcoholism, with a background of youthful unhappiness and a sense of personal inadequacy, carried on into adult life. Unfortunately his premature discharge against advice precluded further investigation into his psychological background.

Case II

The patient, a white, unmarried male, 53 years of age, unemployed, was admitted to the Washingtonian Hospital December 17, 1940 with a history of chronic alcoholism and drug addiction. Six days before admission he had taken his last drink because he felt a craving for morphine but had none in his possession. From December 11th to 16th he had taken 26 quarter grain and half grain morphine tablets; on the day preceding admission he had taken five seconal capsules and on the day of admission, four. He was excited and depressed on admission.

Family History—There was no mental disease, epilepsy or migrain in his family. His father, mother and other members of his family drank moderately but were never intoxicated.

Past History—The only known facts in regard to the childhood of this patient are that he sustained a dislocation of the right little finger, which was badly set, at the age of 9 and at the age of 10 he had an operation for tuberculosis of the right knee, which effected a cure. His education was ended after one year in high school. When he was younger he played baseball, football, and went swimming, but had not engaged in these sports for the past twelve or fifteen years. He had always been very sociable, with many friends, but had become less sociable with the progress of alcoholism and drug addiction and at the time of admission did not mix much and belonged to no organizations He did, however, enjoy the theatre, movies and reading. For ten years he had not been employed as a salesman.

The patient started taking alcohol in his early twenties and then took drugs (heroine, morphine, opium, seconal, etc.) "in order to stop drinking". He had been in the Danvers State Hospital in 1937 and at Bridgewater in 1940.

Examination—Physical examination was negative except for bilateral dullness in the upper part of the chest suggestive of inactive, chronic, fibrous tuberculosis. The scar of the operation on the right knee was visible as was evidence of the badly set dislocation of the fifth finger on the right, and several small epithelial lesions of the tongue

The patient was discharged January 2, 1941.

This case is an example of the alcoholic who takes drugs in an attempt to stop drinking. While the history is too meagre to give much of the psychological background, there is the evidence that addiction was for him an escape mechanism. He had been an extrovert with social inclinations, enjoying sports and having many friends, but at the time of admission to the hospital had withdrawn from social intercourse and amusements in which people mingle and enjoyed only the solitary pleasures of the theatre, movies and reading. The history also suggests that his unemployment for ten years may have aggravated the practice of drinking and taking drugs.

These cases, briefly presented, are not conclusive evidence that alcoholism and drug addiction are identical entities but they do indi-

cate that they are similar or related conditions with important features in common. The important features are mainly psychological and social suggesting that common basic personality factors may underlie similar behavior patterns, i.e. inadequacy, failure to adjust, the use of drugs "to escape" or for satisfaction, habituation (or addiction), chronic or excessive use, intoxication, physical or mental breakdown. This common final pathway of personality deviation and breakdown calls for further investigation. Along social, psychological and physiological lines, especially the latter two, approaches may be procured by means of psychometric and personality testing and analysis, and by biological studies on addicts.

SUMMARY AND CONCLUSIONS

1. The similarity in the physical condition of the drug addict and of the alcoholic probably depends largely on poor habits of hygiene and the faulty dietary habits which lead to vitamin deficiencies.

2. The reasons given by the patients for resorting to either drugs or alcohol are practically identical and are dependent upon a desire to escape reality.

3. The psychopathology in each case is based upon a foundation of personal inadequacy, social maladjustment and psychological disturbance.

4. In many of the cases of drug addiction there was also intemperate use of alcohol and these patients might equally well have been classified as alcoholic psychotics.

5. In the group of patients with psychoses due to drugs, 50.4 per cent of the males and 25.5 per cent of the females gave a history of intemperance, and of the readmitted patients, 74.3 per cent of the males and 54.2 per cent of the females were intemperate in the use of alcohol.

6. In the group of patients without psychosis but having some milder mental disorder due to drugs, 42.4 per cent of the males and 13.1 per cent of the females were intemperate in the use of alcohol.

7. The intemperate use of alcohol is a serious complication of

drug addiction with or without psychosis. It probably accounts for a recurrence of mental illness necessitating readmission to the hospital in many cases.

8. The problem of drug psychoses is relatively unimportant compared to that of the psychoses arising from alcoholism.

9. The treatment and prevention of addiction must be directed toward altering or compensating for the factors which antedate the characteristic symptoms.

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TABLE I.

Alcoholic Habits of 841 First and Readmissions Discharged from Mental Hospitals, 1917-1938, by Diagnosis, With and Without Psychosis Due to Drugs

With Psychoses

Alcoholic Habits	First Admissions						Readmissions					
	Number			Per Cent			Number			Per Cent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Abstinent	37	107	144	15.6	47.4	31.1	5	18	23	6.8	30.5	17.3
Temperate	80	61	141	33.9	26.9	30.5	14	9	23	18.9	15.2	17.3
Intemperate	119	58	177	50.4	25.5	38.3	55	32	87	74.3	54.2	65.4
Unknown*	7	6	13					3	3			
Total	243	232	475				74	62	136			

Without Psychoses

Alcoholic Habits	First Admissions						Readmissions					
	Number			Per Cent			Number			Per Cent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Abstinent	18	33	51	27.2	47.8	37.7	1	11	12	5.3	36.6	24.1
Temperate	20	27	47	30.3	39.1	34.8	6	12	18	31.6	40.0	36.7
Intemperate	28	9	37	42.4	13.1	27.4	12	7	19	63.2	23.3	39.1
*Unknown	5	38	43					3	3			
Total	71	107	178				19	33	52			

* Unknown have been omitted in computing percentages.

Abstracts From Current Literature

A - Psychoanalysis

EXHIBITIONISM. N. K. RICKELS. *The Journal of Nervous and Mental Disease*, 95:11-17, January, 1942.

Three cases are briefly cited and discussion has been limited in the article to classication into which all types of exhibitionism could be fitted as well as the relationship of this manifestation to other psychiatric disorders. The author finds that exhibitionism may be a symptom in connection with epilepsy, alcoholism or mental deficiency or it may appear as an isolated compulsive neurotic element without relation to other disorders. The Oedipus complex seems to play a large part in the majority of cases and where marital relationships have occurred, heterosexuality has not been satisfactorily attained. Masturbation and coitus interruptus are frequent.

The classification of East and Krafft-Ebing are quoted. In brief, these include:

"Classification according to W. N. East, M. D.

1. The psychopathic including – (1) psychoses; (2) undeveloped psychoses; (3) psychoneuroses; (4) mental defectives; (5) sub-normals–i. e., high grade uncertifiable defectives; (6) visionairies; (7) alcoholics.

2. The depraved including–(1) exposure as a preliminary to an attempt at carnal knowledge; (2) exposure as an attempt to debauch children to commit a masturbatory act upon the exhibitionist; (3) exposure as an attempt to attract, excite, or invite a female. Classification according to Krafft-Ebing– (1) acquired states of mental weakness such as senile dementia, paretic dementia, and alcoholism; (2) epileptic, epileptiform, and neurasthenic states; (3) impulsive conditions connected with degeneracy."

The author calls attention to the tendency in compulsive neurotics to expose themselves in the same vicinity at the same time of day. This enables the police to pick up these individuals with little difficulty. Explanation is offered as to the reason for the feeling that the exhibitionist can create a powerful emotional effect upon the female witness in the fact that his obsession seems to overrule his judgment and the element of narcissism makes the act one of self-admiration. It becomes in the language of Freud masculine sexual inversion in which the participant identifies himself with the female witness who becomes the mother image. In this manner self-love is shown. The son-to-mother attachment shown in the large majority of cases corroborates the theory of identification. The need for assertion of virility is, of course, paramount in exhibitionism and revolt from repression is symbolically represented.

The three cases cited by the author are typical. They illustrate his contention–the composite character of the sexual instinct. The author feels that the compulsive neurotic group is more amenable to treatment than the other types.

V. C. B.

PSYCHOPATHOLOGY OF THE EGO SYSTEM. GEORGE W. KISKER AND GEORGE W. KNOX. *Journal of Nervous and Mental Disease*. 96:66-71, July 1942.

The approach to the discussion of Ego development made by the authors is through the Gestalt Concept. Four stages of development are mentioned:

1. The Stage of Undifferentiation. Approximately this is the earliest stage of infancy in which all facts of experience are befogged and there is no awareness on the part of the individual that he exists as a separate entity. This has been referred to by the authors as the "Non-I" Stage.

2. Later the Ego is able to differentiate itself from the facts of its environment and the things experienced by the individual (behaviorial objects), and thereby enters the "I" Stage.

3. Ego emergence may be excessive or deficient with respect to dominance over behaviorial objects or relating itself to the behaviorial objects. It acts in a dual capacity; first, as the core of the field in which it assumes dominance over the entire situation and, secondarily, behaviorial objects may have sub-systems in themselves in which the Ego is related to each only in a subordinate capacity. This is the "My" stage. Strictly speaking, the third stage is one of incorporation and the sub-stage involvement mentioned above belongs to the next stage of development which is,

4. The "We" Stage. In this stage the Ego may become the subordinate of a larger group but must not lost its dominance over the situation if it is to remain normal.

Some of the variations arising out of improper development and progression of the above-mentioned stages (which frequently overlap) are brought out by the authors. Stage No. 1 of unawareness of the self is occasionally encountered as a pathological manifestation in such situations as religious fervor reaching the heights of ecstacy so that the individual no longer knows that he exists. Freud has referred to this condition under the term "Oceanic Feeling" in which there is a oneness with the universe.

The lack of awareness of self must not be confused with fugue states with which the public is familiar through the reports of noted people being picked up from time to time by the police following extended periods of amnesia. In these conditions the subject has lost his awareness of his former identity and of the place from which he came. He has full consciousness as to his present situation, however, and from that may build up an entirely new life without any recollection of his previous existence. The old "Weness" has become disintegrated and a new one has emerged.

The multiple personality so engagingly brought to the attention of the scientific world by Morton Prince and his followers a number of years ago finds it counterpart in a dissociation, as it were, of the Ego in which the Ego loses its dominance as a central core around which the behaviorial objects relate themselves and becomes diffused among the various subsystems of the behaviorial objects, any one of which may become in force to the extent that it becomes an entity in itself. Thus at one time one sub-system may come to the fore and at another time another sub-system may take the stage. A changing facet of personality thus presents itself changeable almost at a moment's notice. This is the so-called multiple personality. It represents a deficiency in the molecular cohesiveness of the Ego itself.

Ego stabilization is increased proportionally to the number of behaviorial objects which can be brought under its influence. This may become excessive, however, and lead to either of two pathological manifestations. The subject may expand his geographical field of acquisitiveness to such an extent that he becomes subject to grandiose delusions and thus becomes a State hospital patient. In some individuals, it is possible to inhibit the expansion of this acquisitiveness to such an extent that insanity does not result but the individual becomes one of the seekers of world power and domination.

The end result of normal Ego development is the relationship of the Ego to the behaviorial systems in such a way that it participates fully in these. With respect to conduct, the individual socializes himself, engages in the pursuits of his fellowmen, relates himself to the proper socialized activities of others than himself and develops a sense of loyalty toward his community and patriotism toward his country.

V. C. B.

B - Neuropsychiatry

THE PSYCHIATRIC EXAMINATION OF THE CRIMINOTIC INDIVIDUAL. ARTHUR N. FOXE. *The Psychiatric Quarterly*, 14:239-300, April, 1940.

The outlines in general used for the psychiatric examination of the average individual may be employed in the examination of the criminal also but there are certain factors in the latter which need special attention. The total life of the criminotic individual must be evaluated with great care because the anti-social act itself can be understood only in reference to the entire developmental picture. Certain requirements are exacted of the psychiatrist which may shape the trend of his examination. Frequently he is not making the examination for therapeutic reasons nor even for the purpose of rehabilitation but he may be required to present data to the court regarding the sanity of an individual, his responsibility, his general level of intelligence, etc. The large number of cases forced upon the psychiatrist, especially in court clinics, precludes the detailed analysis that a psychiatrist may give his private patient or even the extended study given State Hospital cases. The methods of examination must be curtailed accordingly. The criminotic individual is inclined to be strongly on the defensive and, therefore, transference phenomenon is exceedingly difficult of attainment. Any technique that savors of formality or of the recording of mental symptoms as part of the official record will instantly put the criminotic individual on the defensive. One should assume an informal, easy-going, confidential and conversational attitude toward the patient. All attitudes and movements of the subject are closely observed as having potentially a great deal of significance in much the same manner as one employs in the usual psychiatric examination. The subject, of course, is not aware that he is being thus closely observed.

The author gives an outline for the psychiatric interview which covers the usual approaches but, of course, includes, in addition, a searching probe into the past criminal record of the individual. The earliest manifestations of anti-social attitudes are of extreme importance. These do not appear to the lay person nor to the subject himself as being of any significance but to the psychiatric examiner they may be the cues to the root of the whole matter. Sexual history particularly where perversions or other aberrations are predominant do not lend themselves readily to revelation on the part of the subject so that material from other sources may have to be obtained. Certain mechanisms and patterns of conduct tend to repeat themselves in criminotic individuals and this fact is of great assistance to the examiner in giving him a groundwork upon which he can base his questioning.

V. C. B.

FOUR THOUSAND PSYCHIATRIC EXAMINATIONS. WILFRED M. GILL. *Proceedings of the American Prison Association*, 1940, 342-348.

In direct contradiction to the popular conception, feeblemindedness is not accountable for a large proportion of crime. To substantiate this statement, a two-year survey was made of 4000 prisoners with the resultant conclusion that by and large people are about the same both inside and outside the prison. These studies also emphasize that there are many different classes of prisoners and that they require different kinds of treatment.

Considerable space is devoted to a discussion of how this survey was made. Each new prisoner was examined as he arrived at the institution and the results were kept separate from those obtained from prisoners already in the institution. 2099 men were classified as new inmates and 1901 were classified as old.

A table shown in the article lists the various psychiatric groups and the number of old and new inmates in each classification, as well as the percentage relationship to each group. A breakdown of the

group revealed those considered normal, dullard, borderline mental deficients, mentally defective, psychopathic personalities and the Psychoses, Neuroses and personality defects. It is interesting to note the normals and the dullards (normal I. Q. 90 and above, dullard 80-90) comprise 54.80% of the total while the defective delinquents are 41.70% of the group.

Included in this study was a comparative analysis of the type of crime and the type of offender. Crimes were divided into two major groups; those *against property* and those *against person.* This analysis showed that there is no crime "typical" of a certain mental type of offender. It failed to substantiate claims of some investigators that sex crimes are largely committed by the feebleminded. Normal individuals are as likely to commit such crimes as are the defective delinquents and the insane.

Another result of this survey showed a wide divergence of classification criteria. Likewise marked differences were found in the findings reported by the various institutions. Reasons given for these are: (1) the use by some states of institutions for defective delinquents, (2) relying only on a psychological appraisal of the inmate, and (3) the stress placed on educational and vocational guidance programs to the exclusion of classification procedures. Forty percent of the institutions had a full-time psychiatrist, 44% a full time psychologist, 84% had full-time educational directors.

The author concludes the article with a summary which shows:

1. A psychiatric analysis of 4000 reformatory inmates shows 54.80% to be "above average."

2. 41.70% are "defective delinquents."

3. There is no relationship between the type of crime and mental reactions of the offender.

4. A comparative study of reports from twenty-five prisons and reformatories shows no uniformity in classification or uniformity in program.

5. A universal classification for all penal and correctional institutions is recommended.

6. The adaptation of a segregation plan, with separate institutions for defective delinquents is made.

7. A psychiatric therapy program is advocated in all penal institutions.

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ATTEMPTED SUICIDE: A SURVEY OF 150 PATIENTS ADMITTED TO TWO GENERAL HOSPITALS. ALBERT B. SIEWERS AND EUGENE DAVIDOFF, *Journal of Nervous and Mental Disease.* 95:427-441, April, 1942.

The attempted suicide of 150 patients over a six-year period from 1932 to 1938 and presented to the medical service of two general hospitals and the data applying hereto are presented in this paper. Approximately .27% of the admissions were attempted suicide. All of the cases were "successful" attempts; none were accidental or psychic suicides; only eleven had seen a psychiatrist at one time or another before the suicidal attempt.

These cases were classified as: psychoses, 34 cases; without psychoses, 87; and unclassified or unascertained, 29. In the irreversible disease group, 14 were women and 51 were men. The civil status table reveals 91 were married, 42 were single, 9 were widowed, 4 divorced, 1 separated, and 3 undetermined. The method employed in attempting suicide found their greatest numbers in: stab wounds, iodine, barbital series, and gas. The most accessible method was not always used. Of these cases 21 were successful. The average age of the men was 46.8 years while that of the women was 30.0 years. The majority of the men were unskilled laborers, on relief, or temporarily or permanently unemployable. The women's vocations were housewives, domestic servants, or unskilled workers.

By religious classification, 64 were Catholics, 39 were Protestants, 3 were Jewish, 2 were Greek Catholics, 6 were miscellaneous creeds or cults, and 36 gave no religious preference. The reasons given for attempting suicide included: economic stress, unemployment, loss of a job, anxiety

over immediate future, worry over physical illness, difficulties in the home, and sexual maladjustment.

Personality description was unsatisfactory in one half of the cases. The predominance of poorly integrated individuals is apparent when we realize the number of alcoholics, psychopathic personalities, psychotics, psychoneurotics, *etc.*, encountered in the group.

A review of the literature indicates the following: Raphael delineated the poorly integrated personality of younger individuals who were oversensitive, shy, self-conscious, and inclined to worry. Zilboorg emphasized the archaic unconscious factors compared to those of the self destruction tendencies of primitive races. Polatin stressed the processes of disembowelment and hari-kari to escape the enemy as used by Easterners. Deprivations of love in children leading to an unbearable situation and suicide is recorded by Bender and Schilder. Jelliffe called attention to the death instinct as a part of life instinct with the ejection of sexual substances corresponding in a certain degree to the separation of soma and germ plasma. This gives rise to the similarity between dying and the condition of euphoria which follows complete sexual satisfaction. Menninger points to self-mutilation appearing under the varying circumstances of psychosis, neurosis and social convention in all cases resultant from a compromise between the self destruction and erotic tendencies so that the death instinct is thwarted through the sacrifice of a part for the whole.

Attempted suicide may be looked upon as the predominance of the catabolic phase of the life process. Poorly integrated personality or psychoses and physical illness in many of the patients points to the catabolic process superseding the anabolic. Successful suicide is more likely to occur in advancing years and senescence where the catabolic proess is progressive and irreversible.

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THE YOUNG TRAFFIC OFFENDER. LOWELL S. SELLING. *American Journal of Orthopsychiatry*. 12:241-250, April, 1942.

It is pointed out here that psychiatric techniques used in the approach to behavior problems are applicable with some modification to the correction of the young traffic offender.

Etiologically the bases may be the same, the essential difference lies in the operation of a large and dangerous tool. The difference between a youth destroying a piece of furniture with a wrench in attempting to gain greater material recognition and the reckless driving of a youth causing people to jump from his path is minor, they are both efforts to use situations for satisfaction of individual needs.

In the Detroit system Dr. Selling has established a Psychopathic Clinic to which cases are referred by the court. Usual clinic procedures are employed in which there is a physical survey (including a blood serological), an extensive history from the patient himself if he is not psychotic, an appropriate psychological test battery, a psychiatric examination and a staff discussion in which the facts of the case are presented and coordinated into a homogenous summary to be referred to the court.

The present study concerns a group of 100 offenders, all under the age of 21, who have been seen at the clinic.

The popular impression is that younger people are healthier. The study does not destroy this notion. It does, however, bring to attention the fact that amongst young drivers there are nevertheless those who have physical disorders which might preclude them from driving or set up mental reactions causing difficulty. Amongst the latter might be hypertension, chronic otitis, dislocations, heart disease etc.

The License Bureau of the city of Detroit receives reports from the school system on the intelligence of subjects applying for licenses. It does not grant licenses to those who have been diagnosed as feebleminded. Nevertheless there are loopholes and in the group of one hundred cases, nine were found with I. Q.'s below 70 and over one fourth of all the cases were on the borderline of the feebleminded group. While all those who are psy-

chometrically feebleminded or borderline are not necessarily a potential menace (dependent on conditions of driving and psychophysical factors) nevertheless it is felt that those with I. Q.s below 60 should not as a group be permitted to endanger the safety of others.

A battery of nineteen psychophysical tests was given in an attempt to gain an approximation of such factors as reaction time, color vision, depth perception, judgment of speed and distance, glare sensitivity, etc. The opinion is expressed that the reaction time of older drivers is as quick as that of younger ones, but that older people generally react more slowly because there is some contemplation of the risks involved in the situation while youth do react impulsively.

From psychiatric diagnosis it would appear that there is a preponderence of "psychopathic" personalities in the younger group and fewer major psychoses or psychosomatic aberrations. This is possibly due to the relative ease of diagnosis of the potential psychopath in the younger group, exemplified as it is by aggressiveness, irritability, and inability to face the reality and importance of the traffic offense.

There is another group not represented in the present study called "parapsychoses" in which there is some impairment of the nervous system causing slower reaction time or tremor. This group does not seem to have a recognizedly neuropathologic syndrome yet there is a neural organic deterioration accompanied by abnormal thinking of a type which very closley resembles a non-aggravated psychosis.

Diagnosis is the major function of this clinic. Extensive psychoterapy with the number of traffic offenders at large would become a monumental task. Thus a purely "judicial therapy" is exercised in which treatment consists of fines, incarceration or revocation of license. With this treatment there has been a singular lack of recidivism. In the first group of 300 cases seen by the clinic over the period from October, 1936, to September, 1937, only four had again gotten into trouble with the courts and these because for one reason or another, the recommendations of the clinic had not been carried out. The author speculates most briefly as to the possible therapeutic effect of the diagnostic interview.

The article offers some illustrative case histories in which the methods of diagnosis, materal elicited and recommendations made are shown. The most effective treatment seems to be revocation or suspension of license to drive. Occasional cases requiring further psychiatric treatment, hospitalization or correction of physical defects are referred to appropriate agencies, the clinic having no facilities for such operations.

Loss of life and property through traffic accidents is tremendous. It seems unfortunate that communities do not foresee the protection accruing from extension of the operations of such clinics to include therapy and widespread scientific examination for operator's licenses. The chronic traffic offender or potential bad driver can and should be eliminated by adequate study and treatment. For the most part, the problems involved are not far different than those ordinarily appearing before guidance clinics.

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THE AGGRESSION OF YOUNG CHILDREN FOLLOWING SATIATION. ARTHUR BURTON. *American Journal of Orthopsychiatry*. 12:2, April, 1942.

This is an analysis of the behavior of 24 pre-school children placed in a situation in which they were motivated to do their utmost in completing a task. Then, having reached the satiation point in the amount of directed effort expended, another motivated and non-satiated child was introduced into the situation to help with the task and as a social stimulus. The task consisted simply of placing as many differently colored pegs as possibly in a peg board. Several protocols of behavior are presented in the article of which one follows:

A. G., (S 1) Girl, Age 3-9, Satiation time 22 minutes, 52 seconds.

"She was very enthusiastic about coming up to play the name game. Once at work, after E had left, she maintained a slow rate of insertion. General tendency was toward angular patterns—particularly triangles. Persistently inserts pegs, then removes them to another position. Sweeps hand over surface of peg-board examining pockets.

"Reverie. Inserts pegs in groups of four. Creates a game with each new group; extravagant lip movements but no audible expression. Pauses at six minutes. Lays pegs flat on peg-board.

"Resumes insertions. Seems to have constant goal pattern—not fortuitous—although shifts frequently. Leaves table momentarily at 15 minutes. Returns and resumes. Rests face on hands and closes eyes (18 minutes).

"Makes designs but not by insertions; lays them flat, end to end. Builds a flat diamond, then inserts pegs in center of diamond. Pauses for 2 minutes. Leaves field by going down-stairs. (Insertions: 156).

S1 was immediately returned to the experimental room with S. M., (S2) Girl, Age 3-4, a the social partner. S2 entered with an aggressive air saying, "I've never played this game before." She inserted pegs from the first moment. S1 instructed her to do her half and she would do hers, but not for S2 to come on her side. S2 remarks, "I came up to help you make yours bigger."

"Dispute ensues whether peg was placed on correct side. S1 appears enthusiastic, but inserts few pegs. Talks continuously. Creates new games: "Let's reach across the board."

"Unexpectedly S1 starts spitting, laughingly. S2 protests and continues to work. S1 sticks her tongue out and says, 'Let's touch tongues.' Reluctantly S2 attempts this.

"Both resume peg insertions with reactions the observer interpreted as feelings of guilt. S1 atempts to pick up handfuls of pegs challenging S2 to do likewise. S2 insists the man said, 'one at a time.' In a few minutes more spitting and blubbering takes place. Further reactions interpreted as guilt follows. S1 suggests, 'maybe the man wouldn't like.' S1 begins withdrawing pegs over protests of S2. 'Do you have mush for breakfast?' asks S1. S2 responds with, 'What's that what color is it, is it good ' 'It's brown and nasty,' S1 returns. S1 leaves the table and begins exploring objects in the room. Is followed in this by S2. S1 attempts to gain posession of all the pegs. Screams and beats S2 when resisted. S2 says, 'It hurts, you shouldn't have done that.' More activity follows. Time limit expires."

Thus, the child was motivated to best effort in performing an interesting task. A psychological field was created in which tensions would exist until they are relieved (by completion of the task) or displaced by more urgent ones. In this case, the goal is indeterminate and its positive character gradually reached zero. When the work situation has reached a point of discomfort, the child has recourse to "creative situations." This is well illustrated by the above cited protocol. A certain amount of discomfort from increasing satiation is tolerated. Eventually, however, severe tensions and pressures to leave the situation impinge on the child and the goal assumes a negative character. There ensues a conflict between the needs to continue and discontinue work. A frustration situation is created in which the child may encapsulate himself from the task, may leave the room, may break down emotionally ,etc. These are all solutions to the conflict—on different levels.

Dollard et al* has said that frustration exists when (1) *the organism could have been expected to perform certain acts, and* (2) *that these acts have been prevented from occurring*" (p.47). This parallels the situation in which the child finds himself in the present experiment.

Frustration is increased by introduction of another child into the situation thus increasing the pressure for performance. The aggression following seems to bear out the Dollard postulate that "*aggression is always a consequence of frustration.*" Assuming this to be true, the author points out certain implications for pedagogy and industry. Overly long work periods or work conditions may facilitate satiation and thus lead to fantasy and aggression. Or, discipline problems in school may be di-

rectly related to satiations created by certain principle of instruction.

This article is one of a growing number pointing to the relation between frustration and aggression. To the reviewer it would seem that, while aggression would certainly seem to succeed such frustration situation as this, it does not necessarily follow that all aggressive behavior is a consequence of frustration. Cerrainly not in terms of overly limited sense in which Dollard utilizes the term "frustration." There are a variety of criminal aggressions and neurotic reaction formations whose etiology would require considerable stretching of definitions to cover this hypothesis.

Carl H. Saxe.

* Dollard, J., Dook, L. W., Miller, N. E., Mowrer, O. N. and Sears, R. R. *Frustration and Aggression.*

The Psychiatric Treatment of Certain Chronic Offenders. J. H. Conn. *Journal of Criminal Law and Criminology.* 32:6, March-April, 1942.

Eight cases of recidivism were given probationary periods by the Court with the obligation to report for psychiatric treatment instead of the usual penal sentence.

The age range was 19 to 38 years and case material included those arraigned for repeated assaults on female children, sex assault on male children, arson, burglary, kidnapping and sending obscene matter through the mails. These patients were observed over periods ranging from in one case for four months to another of eight years. Each patient remained gainfully employed during the period of observation. It is interesting to note that none of the patients had engaged in antisocial behavior of any sort up to the time of writing. The patients were encouraged to contribute at least part of the cost of psychiatric treatment and close touch was kept with the probation department by the psychiatrist and in turn effective social service was rendered when needed.

Just one of these cases is reported in the article. This is a case of a thirty-eight year old man who had been found guilty for the fourth time of intimacy with little girls. During the succeeding interviews he was able to remember ten similar offenses occurring at one or two year intervals since the age of twenty-three.

He insisted that he loved children and used to wonder what he had gained for himself by such intimacy. He would then worry, have headaches and have feelings of guilt. He says that he likes people and wants them to like him. His wife often says that he is full of life and fun and is well liked by everyone.

The relationship with his wife was at the outset of treatment one in which she was definitely dominant and he submissive and apologetic. Indeed this was characteristic of all his social relationships from early childhood on and most of his physical and emotional energies were exercised in overcoming this.

The process of treatment (there were 141 interviews in all) was mainly concerned with developing him to the point where he could and would assert himself in his relations with his wife and others. His timidity and fearfulness gradually disappeared. In his own words: "I feel like I was worth something. I am not going to let people step on me. I am beginning to do things for myself now."

The offense for which he had been tried now appeared as an effort to gain self-esteem through self-deception. He believed that he was pleasing little girls by stimulating them.

The author concludes that it is futile to punish such chronic offenders by incarceration when the underlying motives of fear, guilt, need for prestige, sense of inferiority, resentment against authority, etc., remain untouched.

This article presents a point which, while many times stated, cannot too often be restated and reemphasized. It is too bad that Dr. Conn did not give us more material from this case history and from the others in this group.

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C - Clinical Psychology

BEHAVIOR CHARACTERISTICS OF ANTI-SOCIAL RECIDIVISTS. H. BIRNET HOVEY. *Journal of Criminal Law and Criminology*. 32:636-642.

The intent of this study is to obtain information on the special reaction tendencies of those individuals who, because of constitutional psychopathic inferiority, were unable to adjust in normal manner to the demands of the social environment. The study is concerned with a determination of symptoms rather than an analysis or evaluation of causation.

One hundred cases were selected from some fourteen hundred received at the Medical Center for Federal Prisoners. Fifty of these cases were selected on the basis of the following criteria (1) personal history data—adequate information on each must have been obtained; (2) age—over 21 years at time of last conviction; (3) intelligence—approximately average; (4) adaptation to normal group life—general ability as an adult in this regard; (5) delinquency—history of at least four misdemeanors or a former felony; (6) establishment of residence—outstanding migratory activities; (7) occupational adjustment—decidedly unstable.

This group could be called "inadequate" and was selected for comparison with a group of fifty selected on the basis of the first three of the above criteria and having "normal" characteristics in relation to the remaining criteria. The average age for the misfit group was thirty-four years and six months and for the normal group approximately forty years. No significant difference in economic status or inascertainable environmental conditions could be found between these two groups.

Developmental data on each of these individuals were secured from various sources such as social agencies, relatives, acquaintances, the prisoners themselves, etc.

With all this material assembled, it was found that approximately seventy behavior items which could be displayed from birth to manhood were amenable to evaluation. These items were given a weighted score on the basis of the frequency with which they occurred in the maladjusted group minus the frequency with which it occurred in the adjusted group. Thus the score given, roughly indicates the significance of an item in relation to other items.

By this method, the author reaches conclusions, namely: that early traits of an anomalous nature show up much more frequently for the maladjusted adults than for the controls; that these psychopaths on the average start violating statutory codes when they are about sixteen years of age while the average of the other group is twenty years; that the maladjusted group in general is more paranoidal, more hypochondriacal, less concerned with heterosexual affairs, more susceptible to "nervous breakdowns," more extroverted and egotistical and less able to be congenial with marital mates and others.

The average index score, arrived at by the method shown above i. e.: based on the childhood-youth precursory characteristics of the psychopathic group was 71.4. The average for the control group was 6.1. It is interesting to note that in certain of the characteristics by which we are accustomed to judge the extent of recidivism, this study reveals unexpected results. For example: the socially inadequate group was practically no more inclined to chase women, to drink or to refrain from going to church than the average group. On the reverse of this picture the misfits who did use liquor, used it to excess more than the other group. Forty-two percent of the misfits were found to have shown distinctly less interest in women than does the average man wheras only two per cent of the other group lacked such interest. Bashfulness or timidity could not have been responsible for this latter trait, since on the whole the misfits were more aggressive throughout their lives than were the controls. Also, less than one half of either group were church goers.

The author concludes that on the basis of this present study that there is some promise that it is possible to isolate the personality traits of potential psychopaths in childhood and youth and by proper psychotherapeutic and social measures to stem (?) a subsequent maladjusted and de-

linquent career. He admits, quite rightly, that our ability to recognize these precursory and aberrant traits is still highly circumscribed and mentions a plan for furtheir study of this subject with the intent to throw further light on the matter of choosing which of the various forms of social treatment youthful delinquents should receive.

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STUDIES OF ABNORMAL BEHAVIOR IN THE RAT, III. THE DEVELOPMENT OF BEHAVIOR FIXATIONS THROUGH FRUSTRATION. N. R. F. MAIER, N. M. GLASER AND J. B. KLEE. *Journal of Experimental Psychology*, June 1940, 26:6, 521-546.

A problem which cannot be solved results in continued frustration. Where this continued frustration operates, the learning function stops and other mechanisms of adjustment begin to operate.

The authors test and explore this hypothesis by use of the Lashley jumping apparatus. The essential features of this technique is to require the animal to leap from a jumping platform at cards placed in two windows cut in an upright screen. These cards may be latched or unlatched, as the experimenter wishes. If the unlatched card is struck, it falls over and the animal gains access to food placed on a platform behind the window. If the latched card is struck, the animal receives a bump on the nose and falls into a net below. Modifications of the apparatus for this experiment included the placing of an air jet with adjustable valve behind the platform so that the animal could be forced to jump and the pressure of air necessary to make him jump measured and controlled and in exchanging the usual cards for those with a white circle on black background and a black circle on a white background.

The rats were first trained to use the apparatus and to jump an equal number of times to each opening. Then special training according to the following schedule was instituted:

Group I. The rats were assigned an opening to jump to according to their very first choice after the above-described preliminary training. Thereafter when they jumped to the other side, they received a bump since that side was now kept closed. The cards were changed from side to side in irregular sequence so that position rather than the character of the card was the deciding factor.

Group II. Both windows were latched on the first jump after the aforementioned preliminary training and after this first trial the side to which the rat jumped became the latched side. Thus the conditions for these two groups were opposite. The first group could go to the side which corresponded with their natural preference, the second group cold not. In both groups a consistent response to position was rewarded all of the time.

Group III. In this group, the experimenter locked one of the windows at the outset. Thereafter either the right or left window was locked in random order and as above the cards were changed from side to side in irregular sequence. The group was rewarded on half its trial and punished on the other half no matter what its basis in making choices. Thus, by this method, position habits appeared in 11 out of the 13 animals. These 11 animals were used for comparison with Groups I and II.

Next, tests were made on the persistence of the position habit so established in each of the three groups. This was done by making discrimination of the designs on the cards necessary to avoid punishment. All three groups were given the same conditions. Since they were trained differently, it meant that Groups I and II would have a change in the pattern of punishment and for Group III the punishment would remain the same but it would now occur in orderly manner.

Animals failing to show evidence of learning the discrimination problem and still reacting to the old position situation were trained for 100 more trials so that reaction in this way would be thoroughly discouraged.

Now, to summarize: by means of this set-up there was first created a situation

in which the rats of each of these groups developed position habits through different procedures. Then the necessity for adaptive behavior was introduced through the introduction of the discrimination problem.

Thus, unless some other process took precedence, one could expect an adaptive response to take the place of the unadaptive one. Furthermore, if 100% punishment on 100 trials for those rats failed to make adaptive response to the discrimination problem failed to break them of the position response, then it is necessary to recognize the existence of a fixation since our present knowledge of methods of learning have no other way to account for this penomenon.

The statistics of these experiments show that all but one of the rats in Group I failed to abandon the position habit while seven of the eleven rats in Group III failed to the selfsame adjustment. Group II falls between these extremes. The females seem to have a greater tendency to persist in position habits. Furthermore Groups II and II respectively took more and more trials to abandon the position habits than did Group I. Group III showed sudden learning after finally abandoning the position habits. The other groups were correspondingly slower in establishing the discrimination habit firmly.

In the original learning of the position habit. Group III took the longest time. Thus it might be assumed that Group III had the greatest opportunity to eliminate alternative modes of behavior before consistently reacting to position and that the position habit became a last resort and resistance to change was even more strong before displacement by another reaction.

As noted above, the introduction of the discrimination problem changed the pattern of punishment for the various groups. It may be argued then that Group III tended not to learn the discrimination problem because the pattern of punishment had not significantly changed for it and there was no incentive for it to distinguish between the cards. The possibility of this occurring is eliminated by ratings of the strength of the blast of air required for each group before adaptive or unadaptive behavior took place according to the criteria of learning established. This method gives a measure of the resistance encountered to the behavior in the learning of either the position and discrimitory problems or the intermediate pre-solution phases. Treatment of this data indicates that animals who failed to solve the discrimination problem failed because they were unable to abandon the position habit and not because they did not sufficiently differentiate between the two cards.

Further evidence of perception of the discrimination problem by animals failing to abandon the position habit is derived from the high incidence of abortive jumps which these animals engage in. This seemed to be a new adjustment to the situation. It appears after a certain amount of frustration and ceases as soon as an adjustment occurs. The animals who fail to solve persist in abortive behavior because they cannot achieve an adjustment as long as the position habit remains dominant.

It seems evident then that those animals who failed to solve the discrimination problem were actually able to discriminate between the cards but were prevented from doing so by the fixity of the position habit.

To throw further light on behavior arising from frustration, four additional animals were studied over a longer period of time. Procedure was designed to find out whether preference made any difference in the strength of persistent behavior and whether frustration can produce a position habit even when *preceded* by discrimination. In the first of the experiments results on two rats indicate that persistence occurs for an experimentally induced preference as well as for the natural preference and hence the persistence behavior must be regarded as a product of frustration rather than the expression of any natural strength the position habit may possess. In the second experiment it is revealed that frustration produces a fixation of the position habit even when the rats have already had an opportunity to previously respond to the discrimination problem. It is only when the fixation is broken by special means that the rats fail to return to it.

All of these experiments point in related directions: That a no-solution situa-

tion produces such frustration that a fixation results unexplainable by the usual experience of learning experiments and which therefore must be called abnormal; that this fixation persisted despite the fact that the animal might be said to "know better;" that these consequences of frustration (abnormal fixation) can be distinguished from those of conflict since frustration as such does not appear to result in experimental neuroses.

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AN EXPERIMENTAL INVESTIGATION OF TWO FACTORS WHICH PRODUCE STEROTYPED BEHAVIOR IN PROBLEM SITUATIONS. E. E. ROBINSON. *Journal of Experimental Psychology*. 27:394-410, October, 1940.

Experimenters have observed a high degree of persistence by subject in pursuing a particular unsuccessful approach to solving a problem. This original misconception of the best approach to the task has been said to be a block to the initiation of more fruitful modes of attack.

In separate investigations Maier, Ruger and Bulbrook conclude that stimuli which might have provided clues for a correct attack are not responded to at all, or are responded to in terms of the prevailing incorrect set. Moreover, the longer the incorrect set persists the longer the solution has seemed to be delayed.

The present experiments are directed at ascertaining the factors which determine the persistence of that behavior which does not lead to the desired goal; namely, the solution of the problem. The first experiment is designed to measure the degree of a person's *confidence* that the activity in which he is engaged will culminate in success. The second experiment is designed to determine the number of alternative solutions he has ready should his first approach be erroneous.

Fifty-two college students are used in experiment number one. Test materials were anagrams since even the most intelligent of the subjects must engage in some try-out activity before he can be certain that no word combination is possible.

Eight anagram layouts of ten letters each were constructed. These eight anagram layouts were duplicated ten times so that a total of eighty cards were used. Four of these layouts could be constructed into words of five letters or more. Four of them definitely could not. The latter were the actual test material, the former were used for purposes of motivation.

General instructions were given on how to use the anagram cards. Specific instructions on the test proper were then given. Essentially these instructions said that a group of ten of these cards would be held out face down and presented fanwise. One card could be chosen from that lot and a word of five letters or more was constructible from some of the cards. Sometimes all ten of the cards could be solved, sometimes five out of ten, sometimes only one out of ten (actually four were solvable, four were not but the subject was led to believe that the chances of success would vary). The time element was minimized.

Four degrees of subjective assurance were tested—10 out of 10, 9 out of 10, 5 out of 10 and 1 out of 10. While it was not thus assumed that such instructions elicited a fixed amount of confidence, it seemed probable to the experimenters that the confidence of a subject in his ability to solve the problem would vary with his chances of success. Of course actually the order of presentation was always the same: a solvable set was followed in each case by an unsolvable set until all ten sets were administered.

A group control to mitigate against factors of practice and fatigue and to constitute a check against possible differences in the "apparent difficulty" of the four test problems by dividing the subjects into four groups of 13 each, giving the probabilities of solution in a different order. Thus for the first anagram Group I was told that chances were 10 out of 10 for Group II chances were 5 out of 10 and so forth.

Time was kept only for the unsolvable anagrams since the others were solved within a few seconds. Deductions from

the time tables presented in the article are as follows: (1) there is little consistency from subject to subject as regards the relation between the time spent on the problem and the chance they think they have for solution. (2) There is a definite and consistent tendency and relation between the persistence of the subject before resigning a problem and the chance he has for solution. By giving the time value 1.00 to the time each individual spent in doing the 1 out of 10 sets and expressing the thre other time values as a ratio to this, the following data appears (supporting statement 2):

10 chance in 10	1.30-16.08
9 chances in 10	1.03- 8.50
5 chances in 10	.58- 4.63

Thus from the data of this first experiment, it becomes apparent that the amount of time spent in a given activity varies directly with the degree of the individual's assurance that he will be successful. When the chances for success are considered perfect, time spent will be strikingly greater than when he is all but sure that his work will end in failure.

The aim of the second experiment, as stated above, was to discover whether any relation exists between the number of alternatives an individual has in mind when he first examines a problem and his perseverance in the solution of that problem.

Forty-two college students were used and the subject matter was again anagrams, this time forty different cards each presenting 6 consonants and two vowels. In addition to this 12 small cards were prepared each containing a single consonant. Again the rules of the game were given. Instructions indicated that the object was to make a word six letters long beginning with the consonant on the small car which was given them and choosing one of the eight letter cards which were turned face down. They were told that all the cards were different and that sometimes they would be allowed only one card, at other times as many as seven. It was emphasized that the number of trials they took had no effect on score just so long as they got the word. After having given up a card, they couldn't return to it but they were encouraged to use as many trials as they felt they had to in order to ge the word. They could take as much time as they needed in studying each card. Since it was mostly a matter of luck whether a consonant would fit with a particular group of letters, they could feel no great disappointment when a combination did not work.

The experimenter recorded the length of time which the subject spent on the first card before the game was resigned. The 42 subjects were each tested in six games, 2 each for the conditions "no alternative," 1 alternative and "6 alternatives."

The results are tabulated by statistical treatment similar to the first experiment. Incidentally tests of this statistical treatment in both experiments yielded a remarkably close approximation of the normal probability curve for the data and for this group of subjects.

It was found through the above outlined procedure that, as in the first experiment, there is very little consistency within the group as to the amount of time spent before abandoning an activity which has a stated number of alternatives, and that individuals in general spent progressively less time on a single activity when they had more alternatives awaiting them.

As noted at the beginning of this review both experimental evidence and empirical observation lead us the same conclusions. In these present investigations we have a remarkably clean-cut and well worked out treatment of data in a well controlled experimental set-up. There is little doubt in the reviewer's mind as to the validity of the conclusions reached.

Carl H. Saxe,
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A Comparative Study of 50 White Male Truants with 50 White Male Non-Truants. W. C. Murphy. *Journal Juvenile Research*, 22:93-103, 1938.

The purpose of this study is to take one type of delinquent, the truant, and seek to determine how he differs in such factors as intelligence, school achievement and physical condition from his brother-in-delinquency who has never been truant. Fifty boys whose chief delinquency was

that of truancy were selected at random and matched by chronological age, sex, and race with fifty delinquents who had engaged in truancy. The results of a complete psychological, educational and physical examination made of each child was utilized in this study. Using the Stanford-Revision of the Binet Scale, it was found that the 50 truants ranged in M. A. from 7 to 18 years with a mean M. A. of 11.7 years; the non-truants ranged in M. A. from 8 to 18 with mean M. A. of 12.58; the difference in M. A. between the two groups was .88 years. The mean I. Q. of the truancy group was 81.1 while that for the non-truancy group was 86..9. The author summarizes his results as follows: the non-truancy group was found to be slightly higher in level of intelligence than the truancy group; both groups showed an unusually high percentage of children of "superior" level of intelligence when compared with other studies of the intelligence of delinquents. The truancy group had a much higher percentage of feeble-minded individuals as well. On the Stanford-Achievement Test of school accomplishment, the non-truancy group was 1.1 years more advanced in Educational Age than the truancy group. Both groups were slightly more than one year advanced in school grade placement than the achievement test results would warrant. There was little difference in either height or weight between the two groups. The physical condition of the truancy group tended to be much poorer generally, especially in the sensory field. The author makes the plea for more careful psychological and physical study of the child by the school as one of the ways in obviating much of the truancy and the later allied delinquency. The study includes a bibliography of 25 titles.

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D — Anthropology & Sociology

THE PROBLEM OF SUICIDE IN THE AMERICAN NEGRO. CHARLES PRUDHOMME. *Psychoanalytic Review.* 25:187-204, April, 1938, 25:372-391, July 1938.

This thoughtful and carefully-prepared article is of special significance in view of the rising tide of negro criminality and other maladjustments due to his recent ingress from the South into the northern communities. Prudhomme approaches the problem historically in his opening chapters by relating suicide to widespread periods of depression which seem almost epidemic in extent at times. The church before the Middle Ages was able to picture suicide as being horrible and revolting and to this extent challenged the philosophies particularly of the stoic school. The author is inclined to believe that the cultivation of fear of death among the populace gave the church the first opportunity for its governing power over the state. With the advent of the more complex modern civilization of the past fifty years, a periodical situation has arisen in that a certain portion of the community has been able to acquire more materal comforts, a better understanding of its environment and an ability to manipulate it to its own advantage but coincident with this has arisen a not inconsiderable group of individuals who are unable to adapt themselves biologically and otherwise to the increasing complexities and demands of everyday life. Misery and suffering have resulted and when resignation and hope have become at a low ebb, the tendency to suicide rises proportionately. Coincident with this has been an advance of religious skepticism and lack of desire on the part of large numbers of people to identify themselves with the church; thus spiritual consolation has been denied many people who would otherwise profit greatly from it.

The author then relates his material to suicide among the negro race and obviously draws a number of comparisons between suicidal factors which operate in

the black and white races. Economic factors are of extreme importance to white people. Loss of economic status, especially when the hopes for regaining that status are lost, becomes a frequent motive for suicide. The negro has never attained much economically and this aspect has given him a much more stable economic outlook than that of the white race. He is able to adapt himself much better to economic reverses.

Brief mention is made of the device utilized by white people of obtaining a large amount of insurance and then committing suicide after a period so as to provide an estate for dependents. Since insurance companies are very reluctant to insure the negro race, the insurance for colored people is not an important suicidal factor. Warm climates seem to have a lower suicidal rate than cold climates which probably reduces considerably this suicidal factor in the case of the negro race. The incidence of suicide is larger in cities than in the rural districts and since the negroes still predominantly live in rural sections, this factor reacts in his behalf.

It is in the instinctual and emotional life of the negro that the essential difference in suicidal motivations between the two races is to be found. The negro by virtue of having been forcibly introjected into the social structure of the white race has tended to assume the majority's idea of virility, goodness and beauty as his own. The obvious tendency of the negro, therefore, is to adopt white standards as his own but he is not emotionally or instinctively suited for such adaptation. Libidinous trends are exceedingly strong in the negro and super-ego formation has not been suffiicently well organized to deal adequately with the situation. The negro finds himself being placed in a social situation where he is presumed to be free and equal in his conduct and social status with that of the white but his instinctual drives are too intense to permit continual successful adaptation to that status. The basis of conflict is, therefore, laid. The negro becomes acutely race-conscious, develops intense feelings of inferiority and feels that deep racial prejudice has been drawn around the so-called "Color Line."

The lowered emotional threshold of the negro adapts itself very poorly to the standard set by the white race and as a result, an increased tension places him in a position where explosive outbursts and other untoward tension releases are manifested. The great incidence of assaultiveness in the types of misbehavior of the negro race is indicative of this tension accumulation. More acceptable modes of tension release are to be noted in the resort of the negro to singing of spiritual songs, primitive modes of religious expression and intense superstition reaching its ultimate in voodooism. The negro has not had sufficiently long contact with the white race to acquire the inhibitions for the control of his instinctive and emotional drives. When the tension releases of assaultiveness, religious revivals and the singing of spirituals fail him, depression may ensue with the end result of suicide. A large number of attempted suicides among the negro race is to be noted which the author explains on the basis that the suicidal attempt is an impulse closely allied to hysterical behavior.

Several cases are briefly cited by the author and the general implication is made that as far as the white race can possibly do so, a better opportunity should be given to the negro for the adaptation of his emotional and instinctive needs to his environment.

V. C. B.

NEGRO-WHITE INTERPERSONAL RELATIONSHIPS AMONG INSTITUTIONALIZED SUBNORMAL GIRLS. THEODORA M. ABEL. *American Journal of Mental Deficiency*. 46:325-339, January, 1942.

An opportunity to study interpersonal relationships is afforded the social scientist in a custodial or penal institution. Negroes and whites live in institutions under conditions where the rigidity and effectiveness of the castelike system are greatly reduced. As an example, there is no segregation of negroes and white either in sleeping, eating, working, or recreational acti-

vities. In addition, they share the same deprivations and privileges.

This paper reports and attempts to explain some of the predominant modes of behavior and interpersonal relationships of negro and white girls committed to a mental defective institution in New York State. Discipline among the 4,500 patients is maintained by the authoritarian method. The patients are place in one of six units depending on their sex, chronological and mental age, and physical handicapped. The material for this report consists of 680 adolescent girls and women of whom 60, or 9 per cent, are negroes. Among the group, the negroes are on the average more intelligent than the white girls. This condition does not maintain in the general population among the subnormal group.

The material is on interpersonal relationships of eight months of almost daily contacts. The author acted as observer in various work stations, during recreation periods, and in the classroom. All the negro girls and more than a hundred white girls were interviewed individually in order to discuss their interest and ambitions. Information was also obtained by interviews with the matrons, physicians, teachers and instructors and other employees.

The following conclusions were obtained: the negro girls tend to congregate among themselves more quickly than do the whites, the negroes band together in their own groups to a greater extent than the whites, negroes show marked aggression particularly toward white girls and at times toward employees, 35 of the 60 negro girls could be considered markedly aggressive, only the negroes become outstanding leaders in spite of the fact that there were 141 white girls with I. Q. of 60 or over while only 29 negroes were in the same group, generally the negro girls play predominantly the male role (i. e. makes sexual advances, accepts admiration, becomes jealous, *etc.*) in sex relations, institutionalization enhances the aggressive tendencies of negroes because they find themselves on equal footing with whites, the aggressiveness of negro girls is interpreted by some of the white girls as manliness.

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MALADJUSTMENT AND SOCIAL NEUROSIS. GEORGE DEVEREUX. *American Sociological Review.* 4:844-851, Dec. 1939.

There is widespread confusion between Neurosis and Maladjustment. Psychiatrists and social scientists both are responsible for this confusion. Tey abandoned the hope of ever formulating the non-existent Human Nature or establishing any absolute norm for sanity, and began to substitute the concept of cultural normalcy on a non-statistical, conceptual, cultural basis.

Present day psychiatry accepts the idea that society is always 'right" and the deviant individual is always "wrong." However, some authors such as Bain, Burrow, and Frank have stated that both social and individual Neuroses exist, and insist that society as well as the individual should in some cases be treated as a patient. It would seem that psychotherapy is considered successful when an individual neurosis has been changed into a social neurosis but permitting satisfactory social adjustment because they are shared by the community.

There are no human beings without a culture and since it is not possible to get a clear cut knowledge of the nature of the human nature, not moulded by some culture, it is desirable to construct a method of evaluating reality which permits predictions. The main purpose of all science is to give us predictability.

In individual living, orientation requires predictability since it gives a sense of security. Linton contends that custom helps us to predict the otherwise unpredictable future behavior of the other person.

When society is neurotic we should approach the problem with the scientific attitude of a psychotherapist. Our misevaluations of society and culture have resulted in shamefully low predicability in the field of social change. Even though society and culture manifest many neurotic trends, still does not prevent the possibility of predictability with the help of scientific method. Culture and society must not be considered as a sacred cow but as a patient when the facts indicate social neurosis. It is the duty of the therapist to liberate the patient from personal neurosis

without converting it into the prevailing social neurosis. Custom protects society against the individual in the same manner that symptom or habit protects the individual against society. It is impossible to emancipate ourselves completely from participation in culture yet we could use the most scientific and rapidly changing segments of society. Certain phases of culture trail behind others in development and this is known as cultural lag. But it is possible to utilize the scientific part of culture to help us avaluate and manipulate the rest of the social cultural environment in a way which allows not only survival but adjustment. The greatest difficulty met in attempting to free the individual from social neurosis is the fact that the therapist himself is also afflicted with the same social neurosis.

The remedy for this rather hopeless situation is provided by cultural anthropology. A natural laboratory is provided us by the variety of cultures. The evaluations of the most elementary modes of human behavior are tainted by social neurosis. Every segment of reality should be examined carefully. The foreigner and his way always seem queer and sometimes even neurotic. Even our own culture, as viewed by others might seem quite neurotic. The term neuroticism might be defined as a misevaluation of reality and an expenditure of energy in manipulating it. There is nothing more subject to the law of diminishing returns than Neurotic attempts of dealing with reality. The initial work of diagnosing the structure of our socal neurosis is essentially the task of anthropologists well versed in psychiatric methods and theories. Then, when this concept has been realized, it would be relatively easy to find those features of society and culture which provide us an explanation in terms of social-cultural causation, of the neuroses and psychoses in individuals. Sometimes the diagnosis of character-neurosis is made. This means that the person in question does not share sufficiently in the specific social neurosis of his environment.

Many persons have been called maladjusted because they outpaced their times in their evaluations and were out of gear with the popular conceptions of their day. There should be much hesitation in calling a journeyman "Neurotic" who merely cannot get along with his fellows. The insight of the anthropologist who is conversant with scientific methods and psychiatry is needed for doing the main preliminary work in developing a differential diagnosis of maladjustment and neurosis. Then, the psychotherapist can free himself from his own neurosis sufficiently to rid his patient of individual and social neurosis, yet enabling the patient to consider adjustment of the pathological environment, with its misevaluations. The therapy must no longer consist of substituting social neurosis for individual neurosis. The method presented would be satisfactory makeshift and should give good results.

James J. Brooks.

ASPECTS OF THE PRISON'S SOCIAL STRUCTURE. S. KIRSON WEINBERG. *American Journal of Sociology*. 47:717-726, March, 1942.

Prisons are regarded, in the main, as institutions with a punitive, segregative, deterrent, or rehabilitative function. They may also be considered as a closed milieu with many primal aspects of community life. Cultural conflicts antecedent to incarceration are revealed in an institution in inmate-official and inter-inmate relationships. This paper considers the results of the conflict process upon the prison's social structure and the opposing ideologies of the inmates and officials.

Inmates and officials are two segregates whose relations and attitudes, like those of other castes, result from apparent previously unresolved conflict. Relationships are impersonal and individual members are considered as stereotypes. Deference and obedience are expected by officials and expressions of authority are tolerated and anticipated by the inmates. The submerged hostility of prisoners finds outlet in criticism and condemnation of the administration and in intensified intrigue against it. The administration makes for continuation and intensification of the conflict. Thus a vicious cycle is established and the antagonistic relationships

extend the social distance between the two and relatively isolates them. The defects and weakness of each is selected and exaggerated and merits are minimized.

Through external deference the inmates accommodate themselves to the officials but retain inner grievances as they become assimilated into the inmate society. The likely path of adjustment for the incoming prisoner is thus pre-determined. Conformity to prison rules is no criterion of rehabilitation but it is an index of inmate adjustment. Guards cannot become too familiar with inmates nor vice versa.

In inter-inmate relationships the inmate friendly with a guard may be considered an informer and therefore untrustworthy. Again, inmates inform newcomers of how to "pull down an easy bit," the individual nature of their respective keepers, *etc.*

The conflict in the prison social structure is best described by the term "contrast-conception" wherein an upper stratum wishes to reinforce its social position and justify its behavior with reference to the subordinate groups. The oppositions in the prison find the officials negating and derogating the inmates, while the inmates deride and condemn not only the officials but the whole penal policy of rehabilitation. No single individual of either group can control or modify these attitudes. Individual inmates or guards who do not conform to their respective groups are considered variants and subject to the controls and pressures of their various groups. A dynamic social process is thus revealed to exist in the prison social structure.

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E - Social & Statistics

MORALS AND THE CRIMINAL LAW. RICHARD C. FULLER. *Journal of Criminal Law and Criminology*. 32:6, March-April, 1942

The objective of this paper is the examination of the role played by criminal law in our society. It is recognized that most laws were originally the codification of certain dominant moralities which were existent in that society. However with increasing complexity of the society there developed increasing disparity between what is considered moral and immoral. Different groups or elements operate on different standards.

Actually a crime is an act punishable by the state. This means that at one time, the act was considered immoral by a dominant group in the society and was established as a law. This does not mean however, that all groups in the society necessarily consider this criminal behavior. For certain of these groups it may be considered a normal and natural life expression. The individuals of this group would nevertheless be considered criminals by the administrative branches of the society.

Certain crimes have quite generally been regarded with tolerance and a certain amused approach. Amongst these would be traffic offenses, liquor law violations, graft, gambling in its various forms and so forth. Most of the laws designed to prevent these acts were originally conceived by pressure groups whose interests were being hurt or who had the community interest at heart. They were foisted upon a resistant public by the legislators in response to the urging of this articulate minority.

Naturally, difficulties in enforcement would arise. With these difficulties came more and more laws—and of course more ways to get around them and hence more and more lawlessness and unapprehended "criminals." A lack of cohesive public opinion inevitably produced this result. In an effort to patch the loopholes, our legislators constantly create even more laws with the result that between the years 1900 and 1930 there was virtually no increase in laws dealing with the "bolder offenses" such as stealing, murder, rape, assault and arson while there has been a

tremendous and ineffective increase of laws of a civil and administrative nature.

Indications are that in the former instance, the community feels a very real threat to its life and property. In the latter, only small groups feel themselves or the community threatened.

Thus it is readily seen that there is something lacking in our methods of legislation and administration of this legislation. The nemesis of the Prohibition Amendment forcefully points out that no law can be enforced, no matter what the energy and effort behind it if the community does not emotionally enter into the support of that law.

Political sanctions of an enacted law must be supplemented by an educational program (not a propaganda program) designed to operate on the habits, attitudes and conscience of individuals and groups. There must be moral sanction for a law before it can be successfully function and be accepted. The threat of a punishment which acts only more or less externally is hardly ever enough. A fundamental acceptance of the basis for the enactment of the law must be developed. Then and then only will enforcement be possible. Perhaps then, political enforsement may not even be necessary.

Crime is directly related to the cultural values of the community. If we are to do away with crime, we must change the cultural values.

The thesis the author above presents (abstracted) seems sound in most respects. Certainly most crime is a failure of the individual to accept the cultural values of the society. The article does not of course attempts to investigate the reasons why certain individuals do not accept these values.

To the reviewer, it would seem that by and large an educational program is only partially sound as an approach to the problem. It is quite evident from what we now know of the psychogenicity of crime that it is as important for the prevention of crime to enable the individual to incorporate the cultural values through mental hygiene meaures as it is to acquaint him with these values.

Carl H. Saxe.

PSYCHIATRY AND THE LAW—COOPERATORS OR ANTAGONISTS? WINFRED OVERHOLSER. *Psychiatric Quarterly*. 13:622-638, October, 1939.

This concise and excellent resumé of some of the difficulties besetting expert psychiatric testimony in court is the outcome of a great deal of actual experience in this highly restrictive field. Dr. Overholser calls attention to the essential role the expert plays in the court drama; namely, that of an impartial and competent advisor who has been called into the situation for counsel of a very special nature. The relationship easily becomes vitiated by certain practices such as the employment of an expert on a contingent fee basis whereby it is more or less expected that the expert will shape up his testimony in such a way as to be of benefit to his retainer rather than an impartial presentation of the truth as he ses it from his specialized medical viewpoint. Exorbitant fees may easily give grounds for the suspicion that the testimony has been bought. Therefore, it becomes incumbent upon the expert to avoid not only bias but even a suspicion of bias.

From time to time suggestions have been made from authoritative psychiatric bodies that expert counsel be retained by the court rather than by the prosecution or defense and that a reasonable fee be exacted on a standardized basis. Supplementary to this is the exceedingly important matter of obtaining qualified expert witnesses. The present method of qualifying experts is exceedingly loose and perhaps has done more to discredit the psychiatrist in the eyes of the public than has any other relationship he may have with legal procedures. Any physicians who have had no specialized training in psychiatry are readily qualified by the court as experts in this field and, therefore, give much confusion and inaccurate testimony. Suggestion is made by the author that this can be overcome by the court using as a list for selection of experts the membership lists of the American Board of Psychiatry and Neurology. Each specialist certified by this Board has had his credentials minutely examined and a standard has been set which will assure the court that the ex-

pert has had the proper training in his field.

Some of the numerous legal entanglements in which a psychiatric expert may be called upon to give opinion are in relation to the validity of wills; that is to say, whether or not the maker of a will was mentally competent at the time the will was drawn up. Individuals on trial for alleged criminal acts may indicate by their behavior that their mental competency for conferring with counsel is dubitable and the question as to whether or not the defendant was suffering from mental disorder at the time the act was committed also frequently arises. The increasing number of injuries to the nervous system resulting from automobile accidents and the question as to the amount of damage to the nervous system, as well as to the psychic life of the individual and the permanency thereof may require the opinion of an exprt. Commitment of the mentally ill to State hospitals likewise requires the opinion of an expert.

Some of the difficulties that the expert encounters in presnting an unbiased opinion as to the mental state of the subject are feelingly commented upon by the author. The necessity of the medical men to present a rounded picture of his findings is often frustrated by methods of legal procedure. The hypothetical question which is almost invariably asked of the witness, particularly where his opinion is based upon evidence adduced other than direct examination of the subject himself, may form a very serious delimitation to the correct expression of the viewpoint of the expert witness. The hypothetical question may be cleverly organized so as to present a succession of alleged facts built up from testimony of various witnesses in such a way that it will present one side of the picture and will compel the expert to refute this or give his stamp of approval without any qualifications whatsoever. Another difficulty is the use by the court of obsolete "tests" for determining the sanity of an individual. The so-called McNaghten formula for determining responsibility for overt behavior on the basis of knowing the difference between right and wrong and the nature and quality of the act is a rule which was laid down in 1843 and has been slavishly followed by courts in this country and in Great Britain since that time. Dr. Overholser in a previous communication has called attention to the fact that not only has this rule been unamended in the course of time as experience would dictate but that it was originally an opinion handed down in a single unimportant case as a rather hastily formulated legal ideal. It has seemed amazing that courts have followed an imperfect rule of this kind for so many years without questioning its validity as a test. Some modifications of the rule have ben made in the added test of the so-called "Irrestible Impulse." Neither of these tests meets the situation of determining whether or not a subject is or has been mentally ill under any given situation. Reference is made by Dr. Overholser to the action of New Hampshire, the only State in the Union which has thrown over all of these tests and has opened the way for the expert to express a fair opinion.

Suggestion has been made for the formation of a Tribunal which would have the effect of the court deciding upon the guilt or innocence of an individual and the fixation of sentences in the event that the case is triable and the leaving to a specialized group (the Tribunal) the hearing of testimony which would deal with all matters relating to the hearing of experts and the submission of material of such nature. Formal reports fro mthe experts, as well as testimony, would be required, and by this method all experts would have the opportunity of working together on the case, offering their testimony impartiallv regardless of which side might be affected. Possibly certain constitutional rights of the defendant might become impaired, as well as some encroachment on the prerogatives of the court itself might arise from this situation so that it has not become a practical procedure to date.

V. C. B.

PROBATION IN THE UNITED STATES. THORSTEN SELLIN. *The Annals of the American Academy of Political and Social Science*. pp. 290-304.

The author begins his article by picturing the United States as a land of deep

contrasts. He points out that according to localities, conservatism and experimentation in penal treatment may be observed. Side by side some of the finest correctional schools in the world, modern and well-equipped juvenile courts, good probation in parole systems, may be found county jails which shame a civilized nation, penitentiaries full of idle prisoners, and lack of training or correctional influences which can do little less than lead to further crime when a prisoner is discharged. It is this paradox which confuses foreign observers and makes it possible for one traveler to see nothing but the dark side and for the other to note only the progressive aspect of American penal practices.

Although the violations of federal laws are by no means negligible in number, the figures are but a small part of the total criminality in the United States since the punishment of crime is chiefly a matter which concerns not the federal government but the governments of the individual states and their subdivisions. Each state has its own criminal law, its own police and court system and its own institutions for punishment. In 1933 there were thirteen times a many prisoners sentenced to the state and local institutions as those sentenced to imprisonment for federal crimes.

Because of the great differences among the forty-eight states in economic and social conditions, it has naturally followed that their laws and penal systems exhibit differences and that it is no exaggeration to claim that nations of the European continent exhibit no greater variations among themselves in these respects.. It, therefore, follows that the American criminologist and penologist is forced to be a student of American comparative laws for as a matter of course he is expected to be cognizant of developments not only of the state in which he lives, but also of all of the states in the Union.

There is no one American law. There are forty-nine brands at least. It would be misleading to state that common properties among laws between the states do not exist, as common tendencies may be observed even if identities can never be completely established. In view of this great diversity, only the probation of adults have been considered in this article. While the principle of probation originated during the decade 1840 to 1850 in Boston, Massachusetts, it was not until 1878 that the state of Massachusetts by law empowered the Mayor of Boston to appoint an official probation officer who was required to attend court sessions, investigate cases charged with or convicted of crime, and to recommend to such court the placing on probation of persons who might reasonably be expected to be reformed without punishment. By the end of 1938 thirty-eight states had passed probation laws.

It goes without saying that probation represents a radical departure from the tradition of criminal law. Instead of retributive punishment, probation has come to be recognized as having great possibilities as a means of preventative social treatment based on scientific knowledge. The aim of probation is the reconditioning of the offender, the readjustment to normal social life without depriving him of his liberty, and the aiding him by skilled workers in the solution of his social problems. The ideal principles governing its use are easy to deduce:

(1) It should be employed only when the social security can best be assured by extra-penal treatment.

(2) Probation should not be imposed except after a careful investigation of the defendant, his personality, his history, etc.

(3) There must be available to the court the services of skilled investigators, psychiatrists, psychologists, social workers, to whom the court may turn for an opinion before it decides to impose probation.

(4) There must exist a sufficient number of trained officers of high character who are able to devise a program which will in the individual case be truly rehabilitative and to supervise the execution of the program.

(5) There must, finally, exist in the community sufficient resources to permit the probation officers to carry out their plans for the probationers.

Unfortunately, nowhere in the Anglo-Saxon countries have these principles been satisfactorily applied although in some communities substantial progress has been made toward their realization. Some American states have no probation laws, this condition for the most part being the result of the absence of any legal frame-

work for probation. It is quite generally recognized that probation cannot be applied until the verdict or plea of guilty has been found. It is necessary, therefore, before probation can be ordered, to suspend either the imposition or the execution of the sentence. There are still a few American states which do not authorize the suspension of sentences. If guilt has been established, the sentence must be imposed and executed. This, of course, precludes the possibility of using probation.

Generally speaking, however, where sentences are suspended and no probation ordered, the suspension is made on the condition that the defendant refrain from bad conduct which usually means that he must not violate any laws. There is little value in this type of suspension, however, since the defendant receives no special supervision and further law-breaking is likely. The author does recognize that there are persons coming before the court whose prosecution and conviction are more than sufficient to prevent their becoming law-breakers again. In such instances and in cases where from a preventive point of view the best treatment is none at all, the mere suspension of the sentence may be regarded as the most effective means of treatment at the disposal of the court. Under ideal conditions, it should, of course, not be employed until a thorough investigation has been made and its value clear to the judge.

When the courts realized that suspension of the sentence, even when conditional, could be made an instrument of preventive social treatment and appointed special officers to supervise the offenders during all or part of the period for which the suspension ran, probation was officially born. The value of this procedure has now become universally recognized. e

Probation is, however, by and large still a county or muncipal problem. In many states authorizing probation little has been done to utilize the law effectively In some states, the state itself exercises no state supervision or control over probation. While the general rules governing the use of probation are fixed by statute, the administration is entirely local, probation officers being appointed by the courts in which they serve. In other states, probation is administered by a central agency. Between these two extremes are found various mixtures of local and state control. The judges of federal courts, for instance, appoint the probation officers but after their appointment, their work is entirely controlled by the supervisor of probation attached to the Bureau of Prisons of the United States Department of Justice. New York State probation officers are appointed by the local courts, paid by county funds, but are supervised by the Division of Probation of the New York State Department of Correction which makes the rules governing their work, investigates the probation bureaus, requires reports from the courts, etc. The use of probation itself is ordinarily restricted in many ways. In most states, all courts having jurisdiction over the offense may employ it but in some it cannot be used by certain lower courts or courts of certain counties or cities. As a rule, there are certain offenses which are excluded from the probation law. In other states, the previous criminal history of the defendant may be a bar to probation.

Criminologists generally concede that the protection of society requires that probation must be applied with caution and should not be used when other measures are necessary, such as institutionalization. This need must be carefully determined by skilled investigators who have the confidence of the court, which in turn should grant probation only when adequate supervision and aid can be assured. If the state does not provide a sufficient number of trained probation officers, probation becomes a mockery. Thus it is that in addition to the former barriers to probation just mentioned, the probation law has usually placed upon the courts the responsibility of using probation only when the interests of the public, the defendant, and the ends of justice are best served thereby.

Athough it has been emphasized that probation should be granted only after a careful investigation designed to establish the desirability of using this means of preventive social treatment, most states either fail to provide for any pre-sentence or pre-probation investigation, do not make this mandatory at all, or require it only in certain types of cases. As a rule, therefore, thorough investigations are limited

to the relatively few courts which have adequate facilities. Likewise, probation in the United States is given for periods which vary greatly in length from state to state. In some states the judges must fix the length of probation periods. In other states it may run for the minimum or the maximum number of years to which the defendant could have been sent to prison had he been so sentenced. In still others it cannot exceed one or two years. There are many other variations.

As a general rule, in the United States the court is usually given the power to require of the probationer that he meet certain conditions. In some states the consent of the probationer is not necessary to place him on probation but in others it is necessary for the defendant to petition the court for probation. Most common of the conditions re: avoid injurious or vicious habits; avoid persons or places of disreputable or harmful character; report to the probation officer as directed; permit the officer to visit him; contribute to the support of those legally dependent on the probationer; remain within a specified place; and work at suitable employment as far as possible. Additional conditions may be imposed by the court at its discretion. A few states permit the courts to impose, as a condition, confinement for a brief period in a common jail or assignment to a road camp. This is a procedure difficult to justify in view of the philosophy underlying probationary treatment: however, Michigan is planning to try an experiment which authorizes the establishment of probation recovery camps which are adapted to reforestation and the development and conservation of the natural resources of the state, other than agricultural. It makes possible group treatment without sentence to a prison, jail, or reformatory.

All states have, of course, by law made rules governing the revocation of probation in cases of violation of conditions. Usually such violation results in the summoning or the arrest of the probationer, a hearing by the court to determine the facts and the probationer's continuance on probation or the imposition or execution of the sentence formerly suspended.

The author describes in considerable detail that which he believes to be an ideal probation department—the Probation Department of the New York County Court of General Sessions which he states is perhaps the only probation department in the United States where the investigating and the supervisory functions are sharply separated and entrusted to entirely different staffs. However, he further states that few probation departments are blessed by such an adequate number of investigators to make such a program possible. He stresses the necessity of having competent probation officers and shows how it is within the actual power of the probation officer to influence and reshape the lives of those in his charge if he is socially conscious. The proper choice of probationers and their supervision in the last analysis, therefore, depends on the probation officer. It is he who makes or breaks a probation service. Good probation work is impossible even when the probation officers are well-trained if they are so few in number that they become overwhelmed by the magnitude of their job. The ideal case load is placed at from fifty to one hundred. If the load runs higher, he is forced to neglect some of his cases. Unfortunately, nowhere do ideal conditions exist. It is the rule and not the exception to find probation officers with from two hundred to five hundred probationers under their supervision. The result is that such officers have little time for constructive work. They have no time for pre-sentence investigation except where the court specifically orders it nor do they have time for true supervision.

Professor Sellin concludes by stating that in recent years a considerable amount of resarch has been conducted in the United States on the success or failure of probation and that these studies are not only revealing to the administration but are concrete evidence of the willingness of the American people to subject judicial administration to the keenest scrutiny and criticism. It can be logically assumed, therefore, that probation as a means of social treatment will be greatly improved in the future.

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IDENTIFICATION AS A SOCIALIZING AND THERAPEUTIC FORCE, SAMUEL Z. ORGEL, *American Journal of Orthopsychiatry* 11: 118-125, JANUARY, 1941.

The criminal or delinquent is not recognized as a special type biologically, psychically, or psychologically different from the normal personality. Their deviation from the normal is a matter of development dependent on the life history rather than heredity. The child enters the world as a socially unadjusted individual with a criminality which is preserved to its fullest in the first year. Social adjustments begin with the solution of the Oedipus complex and entrance into the latency period, which begins between four and six and ends at puberty. The future criminal, in this period, fails to repress genuine criminal instinctual drives. The capacity to control and domesticate primitive unsocial tendencies is acquired through education.

As a child, the first objects in the world to which the future adult directs his interest are the members of his family. The relationship of the child to these members becomes the central problem of the future adult. The way in which the child overcomes conflicts with his familial members determines whether the child will be a healthy or sick individual, or whether his behavior patterns will be criminalistic or those of a socially adjusted person. Psychoneurosis and criminality are defects in one's social adjustment. Their respective psychological contents are practically dentical; their differences are those of psychological dynamics.

To give a clearer understanding of delinquency and criminality it becomes necessary to investigate the process by means of which a social adjusted ego develops out of a great homogeneous reservoir of instincts which were originally antisocial Freud has pointed out that the devlopment of the Oedipus complex means that the child starts to identify himself with his father and mother and thus the super ego is formed. The super ego is based on identification. Complete identification is not attained immediately. In the process, identifcation produces an inner psychic agency representing simultaneously an inhibitory function (because of pain a parent can inflict) and an ideal to be as the parent.

In most prisons there exist older criminals who are embittered by their own inadequcies, failure, and futility. They diligently bring the young and pliant criminals in the population within their own group. Thus, numerous youthful offenders emerge from prison with an augmented number of asocial drives. It becomes necessary for the prison personnel to supersede the possibilities of contamination of the youthful offender by the older members of the population.

Children in orphan homes, *etc.*, must be considered a potentially delinquent when their individual cases are being considered for placement. Inasmuch as a definite salutary influence is exerted upon the maladjusted children by normal children and adults, it is essential that these children have contacts with normal groups of children. A child guidance clinic is of definite aid in these homes.

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CASE STUDIES OF AGGRESSIVE DELINQUENTS. RUTH TOPPINGS. *American Journal of Orthopsychiatry* 11: 485-493, July, 1941.

This paper considers delinquent boys who make violent and dangerous attacks. This pattern of behavior was found to be frequently repeated among fifty-five cases are summarized in this report. Of the aggressive groups 92% were negroes though the institution (New York State Training School for Boys) had a population of 45 to 60 per cent from this race. The twenty-five cases were compared with 200 unselected boys from the population on 100 items of background behavior and treatment.

The aggressive group was characterized by: assaultiveness, disobedience, defiant attitude, irritability and temper, selfishness. Again, 96% were reported for bulldozing as contrasted with 8% of the unselected cases. The following were typical characteristics of the aggresive groups;

early rejection by parents or guardians an evident and verbalized sense that "nobody cares," a masked but acute desire for acceptance and effection, pronounced ambivaleness, childhood experience in neighborhoods of low standard, aggressive speech with much talk of killing, a sense of having a hard life and being faced with unequal odds, a sense of the pressure of life being too great, easy resort to dangerous weapons, indifference to consequences (even to death as a penalty), lack of humor, lack of insight, and, frequent over-prominent sex drive.

Of the fiifty-five aggressive cases, 25 had been discharged to other correctional institutions, one to adult probation, and two to state hospitals. Only five had been discharged for good adjustment in the community and two because they reached their majority. This group, then, was conspicuous for its poor adjustment in the community not only before but after institutionalization. Success of treatment in these cases is very meager.

Two case histories of favorable prognosis are given in detail. However, a postscript indicates the S's were reported as being committed to correctional institutions for older offenders during the interim of the preparation of the paper.

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DYNAMICS OF DELINQUENCY. NATHANIEL CANTOR. *American Journal of Orthopsychiatry* 10: 789-794, October, 1940.

Little progress is made in the understanding of delinquency because of a false emphasis on what is termed the scientific method. This article indicates wherein the error lies and the method of correcting it. The Aristolelian approach to problems was employed until the time of Galileo. Aristotle believed that things or events were lawful when they occurred frequently and without exception. Hence, something which happens to a man once could only be interpreted as a mere chance and not subject to lawful understanding. Galileo, however, maintained that an occurrence was lawful regardless of the number of times it occurred. Once to him was sufficient. He contended further that a physical event was to be understood in the light of what took place at the particular moment and in the particular situation. Regularity and uniformity of occurrence was no test of lawfulness.

In economics, sociology, education, psychology, and criminology the search is made for general laws to explain the average rather than the individual. The contrary view is maintained here: the search for uniformity of behavior is precisely what distorts an understanding of the actual factors which cause particular individuals to commit a crime. The transformation in the individual offender set off by stimuli are the foci of the search for crime causation. These transformations become the causes of crime and not truancy, broken homes, sibling rivalry, *etc.* This organismic approach to the problem of crime causation represents an additional method of discovering the causes of crime. "It assumes that discovering what experience means to the individual, how he feels and thinks, is the key to the problem of crime causation."

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F - Medicine & Biology

TRANSVESTISM AND OTHER CROSS-SEX MANIFESTATIONS. BY N. S. YAWGER. *The Journal of Nervous and Mental Disease*, 92:41-48, *July* 1940.

The historical background as well as some current customs in many countries are related to transvestism in the opening paragraphs of Yawger's article. The Scotchman wears his kilts, Chinese women appear in trousers as a customary native costume, many clergymen wear robes and the current custom of women appearing under practically all circumstances and occasions in slacks seem to have a relation to cross-dressing.

Certain historical characters are well-known such as Dr. Mary Walker, who

for many years as a crusader, adhered strictly to the masculine form of dress. In her early years her father, a physician, had felt an abhorrence toward corsets and other restrictive female clothing and to this extent possibly his daughter Mary was conditioned toward a freer type of dress. After her graduation from Syracuse Medical School, she continued to wear male clothing and enlisted in the Union Army and was commissioned as an Assistant Surgeon. She was captured and was confined in Libbey Prison during the Civil War. Her practice as a physician following the war was unsuccessful. She made an unsuccessful attempt at marriage and there was considerable mystery as to the failure of this relationship almost immediately from its inception.

Another outstanding historical example of transvestism frequently cited is that of Chevalier d'Eon Beaumont. Although this personage had an effeminate voice, was almost beardless and was under-size, he became the outstanding swordsman of his time and upon numerous occasions exhibited physical bravery of high order. He was an adventurer, musician and a diplomat. At the age of 44 he assumed feminine attire but despite this eccentricity, he became a power at court until his influence was contested by the famous Madame Pompadour. He was never known to show either heterosexual or homosexual tendencies. To some extent this case may be classified as pseudo-transvestism although the assumption of feminine attire doubtles satisfied a deep inner craving.

General opinions of several authors regarding transvestism are briefly mentioned. Louis London considers the condition a neurosis brought about by the enforcement of the individual in wearing feminine clothes for a prolonged period during early childhood. Stekel considers the manifestation a sexual inversion—a latent homosexuality.

Transient periods of transvestism involving the customs of whole populations at a time are to be noted. The author calls attention to the present period of increased homosexuality. The display of femininity by males and of masculinity by females is the case in point. These periods occur fairly frequently. During the age of the Renaissance transvestism was probably more generally marked than in the present. Tenenbaum, who comments on this phenomenon, considers these manifestations within the normal range of human behavior.

VCB

PERSONALITY AND HABITUS IN ORGANIC DISEASE. E. DAVIDOFF, E. REIFENSTEIN, *et al. Psychiatric Quarterly* **15**: 544-554, July, 1941.

The writers investigated 100 consecutive cases admitted to the ward medical service of a general hospital to determine the reaction of individuals to organic disease. The majority were suffering from subacute organic disease. The analysis of these patients treated: adjustment to hospital routine, and previous personality and physical habitus. Correlation of the data obtained was made (1) to give some conception of the role played by personality and the habitus in physical disease and (2) to provide materials for comparison with physical and mental disease.

The personality integration in relation to hospital adjustment indicated that 56 patients adjusted well and 44 poorly. Of the 56, well-integrated personalities were found in 48 and eight were poorly integrated. In the former group 15 had had initial or transitory maladjustment because of severe physical illness particularly cerebral involvement. In the latter group, there were eight individuals with mild psychoneurotic tendencies who reacted well to the routine of the hospital. The response resulted from: the psychotherapeutic effect inherent in hospitalization, the sympathetic attitudes of the hospital personnel, satisfying of masochistic tendencies, *etc.*

Of the 44 who reacted poorly to hospitalization, 14 had well-integrated personalities previous to hospitalization. Physical, social, and economic factors account for their condition. The unfavorable response resulted from: debilitation accompanying the physical illness, ignorance of the disease process, insecurity resulting

from dependency, *etc.* The remaining 30 were divided as, 11 moderately neurotic and 19 severely neurotic or psychotic. The 11 adapted poorly because of: hostility to new authority, aggressiveness, stubbornness, fear of new experiences, naive attitudes, *etc.* The 19 exhibited more severe abberations in reaction. They were marked by: poor reactions to change of state, emotional instability or phlegmatic behavior, paranoid bias, mental deficiency, *etc.*

The Clegg anthropomorphic measurements and indices were used in classifying body configuration. These, however, were rejected when th objective skeleton mensuration procedures failed to segregate body types. The groups were modified in accordance with the ideas of Kretschmer, Lewis, and recent endocrinologic advances. The 100 case divided as follows: asthenics, of whom 30 or 56% were well adjusted to hospital routine; dysplastics, of whom 4 or 33% were well integraded and the same number and percentage were well adjusted, *pyknics,* of whom 28 or 82% were well integrated and 24 or 71% were well-adjusted. These figures reveal that the pyknics as a group were the best integrated and reacted best to the program of hospitalization. However, the preponderant discrepancy existing between personality integration and adjustment to hospitalization was observed in the pyknic groups. A correlation between body type and adjustment to hospital routine does not exist. Only tentative conclusions were drawn because of the smallness of the sample.

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CHANGES IN THE BRAIN IN ALCOHOLISM. LEWIS I. STEVENSON. LILLIAN F. McGOWAN, ANNA M. ALLEN. *Archives of Neurology and Psychiatry,* 45:56–73, January, 1941.

Wernicke's paper in 1881 on the effects of alcoholism on th human organism focused the interest of neurologists in the subject. He reported three patients who died and were found in post mortem examination to have punctate hemorrhages surrounded by fat granule corpuscles about the third and fourth ventricles and the midbrain. Clinically the patients had shown paralysis of the ocular muscles, ataxic gait, and disturbance of consciousness ending in coma. Changes were also found in the optic disks. He believed the condition to be a disease entity (Wernicke's disease or polionecephalitis superior alcoholica). Ecker and Waltman have recently questioned whether nutritional deficiency was the basis of Wernicke's disease. They reported a case presumably not alcoholic in which a woman vomited daily for five weeks. Wernicke's syndrome developed with retinal hemorrhages, afebrile tachycardia and continued movements of the lower limbs. She continued vomiting in spite of treatment and died within four weeks. They believed that the disease was due to loss of essential secretions or to a diet deficient in vitamins. The tachycardia was caused by deficiency in vitamin B and the retinal hemorrhages were due to deficiency of other vitamins.

The recent tendensy is to ascribe alcoholic polyneuritis entirely to associated vitamin B deficiency rather than to the toxic effect of the alcohol. Again, certain cases of alcoholic encephalopathy have been described as finding the causal factor in a deficiency in nicotinic acid. Grinker and Kandel were unable to demonstrate significant lesions of the central nervous system in rats deprived by vitamin B complex. Prickett observed no significant changes in the peripheral nervous system of rats deprived of Vitamin B but with an adequate amount of vitamin G in the diet. However, 75% of the animals showed hemorrhages, together with cellular changes, in Deiters' nucleus and other vestibular nuclei and in the nucleus of the tractus solitarius. Church found clinically that the rats deprived of Vitamin B 1 showed ataxia, changes in muscle tone, disturbance of equilibrium and hyperexcitability, with tremors and weakness at times.

Most of the studies, experimental and clinical, tend to show that alcohol in itself is not the cause of the encepalopathic neuritic syndrome associated with chronic alcoholism. They show that these diseases of the nervous system are not irreversible

and can be cured in a large percentage of cases if the appropriate vitamins in which the patient is deficient are given him in adequate amounts. This theory of the pathogenesis of alcoholic encephalopthy leaves alcohol practically blameless. However, Joliffe and others found that some forms of alcoholic psychosis (alcoholic encephalopathy with delirium or with catatonia) are not cured by adequate vitamin therapy; hence one must consider what part alcohol does play in some of these conditions.

The data were summarized as follows: 29 were males and 14 females; three of the males were negroes all the others were white; the average age was 47.

The psyhiatric symptoms included: all cases had some alteration of consciousness such as clouding, apathy, dullness, confusion or semicoma; 16 patients were confused; 15 were disoriented; 15 had hallucinations; 10 had tremors; 2 had delirium; 2 presented catatonic features. Excitement and agitation were uncommon. These symptoms are presented in tabular form. Neurologic signs, general pathologic changes, pathologic changes in the nervous system, and the location of the petechial hemmorrhages are also presented in tabular form.

The principal conclusions are: the pathologic alterations in the nervous system in cases of chronic alcoholism are relatively slight as compared with the severe and fatal illness of the patient, hence the changes usually responsible for death and for the clinical picture cannot be demonstrated under the microscope by methods now at one's disposal. Most of the changes are probably due to avitaminosis (B_1 and B complex) rather than to alcohol itself. There is little correlation between the clinical picture and the anatomic distribution of lesions, except in some cases of Wernicke's syndrone. This study was unable to confirm the observations and conclusions of some previous authors with regard to: frequent and severe involvement of the optic nerves, frequent and severe lesions in the medulla, frequent changes of importance in the blood vessels, severe ependymitis or gliosis, usual or constant marginal localization of the lesions, and the presence of important lesions in the cerebellum.

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Clinical Reports

REPORT OF COMMITTEE ON THERAPY AND CRIME. SARA G. GEIGER, M. D., MILWAUKEE, WIS.

The committee on "Therapy in Crime" suggests two main aspects of therapy; the prevention of the occurrence of crime and treatment of the criminal. Stress is placed upon study and treatment in institutions. Study in a court, an institution, or in a psychiatric ward is not prevention. At the time of such study the delinquency or crime has occurred, the conditioning factors have become a part of the integrated behavior. Maintenance of psychiatric units to study delinquents alone would be practically impossible; hence, prevention must originate in the community.

Prevention necessitates health in the community, the home, the school, and health in attitudes, on the part of all agencies contacting the child or adolescent, toward undesirable behavior. Individuals equipped to carry out community education are able to bring to the home, the school, the courts, and the police an understanding of the fact that conditions and relationships in the community have resulted for particular individuals in conflicts which express themselves in aggressions, fears, and anxieties. Understanding by a community that causative factors for behavior can be found and treated makes prevention a possibility.

Guidance clinics, in general, are so planned that a child can be studied from all standpoints as often as the individual psychiatrist wishes. A child can be observed by trained workers under the supervision of a psychiatrist in an environment usual to the particular child, in the

clinic, in foster homes, or in small institutional groups of normal children. Any set-up for therapy that can be provided in a psychiatric ward can be provided in the community. In addition, there is the avoidance of the stigma attached to observation. Present is the opportunity for the very necessary establishment of the various emotional relationships; the opportunity to analyze situations and relationships which have been threats or frustrating to the individual, and the putting down of roots in a community ,that is, belonging individually in the family and socially in the group. Only a very limited number of delinquents, probably those demanding custody, will require observation and treatment on a psychiatric ward.

Effective preventive work in a community requires the cooperation of all agencies involved in the particular problem and occasionally the authoritative backing of the court. Homes and police usually know little of the actual functioning of guidance clinics. Some schools regard them as a last resort and courts rarely refer a child on a first contact, most frequently on the third to the fifteenth contact. More education in regard to guidance clinics of the community, as a whole, and treatment of the resistances and fears of those dealing with the problems of children is necessary If leadership in a guidance clinic or in the groups backing it is strong enough, preventive work can be effective.

Probation, institutionalization, and parole situations undoubtedly can utilize psychiatrists, who need to define their roles and establish through practical suggestions, their value to courts, probation officers, institutional staff and parolees. Undoubtedly, they can furnish a source of therapy in any of the situations.

In addition to the routine work of the psychiatrist in the institution, group or individual education of the staff toward understanding behavior and therapy is as important as group or individual education and therapy of the inmates. Without staff cooperation, the psychiatrist is helpless. To achieve active cooperation, the psychiatrist needs to determine the potentialities of the inmate and indicate steps by which he can attain a maximum in growth and adjustment. The recommendations to achieve this must be such that they can be carried out in a rigid, disciplinary set-up.

The greatest needs in the prevention of delinquency and crime is more professional leadership in communities and greater utilization of available agencies in carrying out prevention. The same is true in therapy in the institution, and in the prevention of recidivism. Constructive objectives toward which psychiatrists could direct their thinking are:

1. Means of effecting the evolution of correctional and penal institutions into pychiatric wards where behavior disturbances are treated as social and emotional illness by the entire staff.

2. Creation of progressive educational program in which the individual is given an opportunity for training in several skills, any one of which will be useful in the community to which he is to return.

3. Work toward the breaking down of mass treatment into small units, so that growth in ability to function healthily in personal relationships is achieved.

4. Interpretation to agencies and individuals in the community of the diverse neds of the parole or discharged man and a plan for his continued rehabilitation.

Before this can be accomplished, there will need to be more psychiatrists trained as leaders and administrators who can make psychiatry indispensable to communities, prison staffs, individuals with problems, leaders among the voters, and state officials.

The Expert Witness and the Insanity Defense Plea. By Martin H. Hoffman, M. D.

This is written as a majority opinion of the Committee appointed by Dr. Selling, Chairman of the Section on Forensic Psychiatry. It should be pointed out that most of the points considered are ones which have been brought forth at different times and in different places, and that many diverse opinions are extant concerning these. It is hoped, however, that by

bringing them into the open in such a meeting as this that they may be thoroughly considered and discussed by those who are conversant with these matters, to the end that perhaps some satisfactory and agreeable set of rules or interpretations may result. This report expects much controversial discussion with that in view.

It is opined that the term 'insanity" is a most unfortunate one because of its indiscriminate and misconceived usage, as well as its abuse. It is not properly a medical term. Insofar as its use in law is concerned, it can be said that *"the legal concept of insanity is based upon revered precedents decided at a time when even the most learned knew considerably less about the mind and its activities than is now common knowledge. . . . Probably the best concept of an insane person was passed on by the late renowned and respected dean of Michigan's psychiatrists, Dr. David R. Clark. He always insisted that an 'insane person is one with that amount of mental disease which makes of him a social impossibility.' His interpretation as to a person being socially *possible* was, 'one who produced as much as he consumed, and-or, one who did not transgress against his neighbor.' Thus, a person who fails to support himself and his own, or who is unable to abide by the law of God and man, and who suffers such inability *as the result of a mental disease* —then that individual is insane, and it can be justly stated that such individual could not possibly be held responsible in any moral sense, and certainly should not in any legal decision."

*Hoffman, Martin H "The Expert Witness and the Insanity Defense Plea." American Journal of Medical Jurisprudence. 1; 12 to 18. 1938.

Attempts to revise and improve the situation concerning our topic have centered upon two major points, namely, the expert himself and his testimony.

Following are listed the various points as considered by this Committee, with cited comment concerning them and the opinion of concurrents, or its objection noted.

1. Expert in order to qualify for expert testimony "must be certified by the American Board of Psychiatry."

This is objected to because:

(a) It is unfair in those States which have none or very few of such members.

(b) It is unfair on the basis that many who are qualified are not certified by this Board. There were many individuals certified because of the date of graduation, who might not be as well qualified as some who graduated a few years later but who have failed to subject themselves to examination.

(c) There are many individuals who are certified by the Board who are far from being above reproach. In other words, certificaton by the Board does not insure honesty and integrity.

2. In order to overcome, insofar as possible, the easy acquisition of so--called "experts" whose opinion can be readily swayed or can actually be "bought off," to formulate a list of prospective psychiatric experts of proper qualifications, who alone would be recognized as experts.

This is objected to with this question: "Who is to formulate this list? What personal and political bias will be brought in? Who is to be the judge as to an individual's ability, ethical principles, honesty, and integrity?"

3. The expert to be employed by the State as a neutral—not to be called by either the defense or prosecution.

This is self-evident, self-explanatory, and wise, and is a recommended suggestion.

4. The employment of the experts in the form of a commission, if, and when written in the law, should be not only discretionary, but *mandatory* upon the court.

This is a recommended suggestion because too often, if left to the Court's discretion, its use by the Court is either forgotten or not made use of.

5. Psychologists to be used in the nature of experts only for specialized studies at the request of, and working under the supervision of the psychiatric experts.

This is recommended.

6. The following three points have nothing to do directly with experts or ex-

pert testimony, but could have some influence upon the insanity defense plea.

(a) Segregation of criminals in institutions contingent upon changes within themselves, which would allow their return to society.

(b) Elimination of puishment except for constructive ends for conditioning conduct.

(c) Use of prisons for laboratory studies of human behavior.

Concerning these, the Committee has no opinion pro or con. The Committee has no positive opinion other than they might be useful sociological studies.

7. The positions of district attorney and trial judges to be permanent ones, not subject to the vagaries of elections and voters, or reappointment by elected officials.

The Committee feels this is a very good point and worthy of recommendation

8. The abolition of the hypothetical question.

This is a very good point as brought out in the "Uniform Expert Testimony Act,' drafted by the National Conference of Commissioners on Uniform State Laws at Kansas City, September, 1937.

9. Elimination of the plea of temporary insanity.

This is strongly recommended. One of the most common practices of the present day trial courts is the attempt, unfortunately too often successful, to further color the misconception of "insanity" through the plea of "temporary insanity." This plea is capable of application because of the confusion in the definition and interpretation of the term "insanity." It is easy to conceive how a clever machinator can so confuse the issue and gain his own ends through the use of such a plea. It is inconceivable to picture a person as sane up to a few minutes or hours before a crime, who suddenly and entirely looses his ability to judge right from wrong, or to resist the impulse to do the criminal act, *as the result of a mental disease,* and shortly thereafter to supposedly regain sanity. It is recommended that the use of criterion for judgment as to an individual being unaccountable or irresponsible for a crime, based upon the plea of insanity along these lines, be required: "The expert should be able to establish proof of recognizable psychosis of almost general textbook description having been suffered by the accused a 'reasonable' period of time before the criminal act was committed."

Whether or not it should include "a reasonable period after" is problematical because not infrequently the psychic and psychological reactions resulting from the act and the environmental activities have been known to cause possibly a cessation of the psychotic process.

10. If the experts are to be used by the State or court as neutrals, the following method of procedure is recommended.

(a) The Courts be given a list of the entire membership of the local or state organization of Psychiatry.

The Courts within a short time will then be able to decide through investigation and experience which men are relatively qualified, dependable and honest.

(b) When an expert, or a commission of experts, is to be used, the Court should give a list of five or ten of these established psychiatrists to the attorneys on each side, both prosecution and defense. Each attorney would then list, in the order of his choice, his preference of the submitted group. The one, or three, experts as the case might be, with the highest ranking would be the one, or ones, selected.

11. The establishment of sufficiently high minimal pay to the experts.

This is recommended. First, to make it worthwhile for the expert to do a good and complete job. Second, to make it sufficiently worthwhile so that any offer of pay by either side would be so much less attractive that the

experts would rather work as neutrals with sufficient pay.

12. The possible appointment, especially in larger communities, or in a State, of one or several full-time, well-paid experts who would serve in the capacity of the State in all cases as a sort of referee or high tribunal of appeal.

This is to be recommended with these comments, which are applicable not only in this case, but in all cases that involve pay by communities, small or large. Usually in this world, one must pay for what one gets. One of the major difficulties with most of the medical services, whether psychiatric, legal, or otherwise, that are ordinarily bought or paid by the Community, is that of insufficient remuneration. It is rare that the best people available can be obtained especially for occasions when they are poorly or insufficiently remunerated. As a consequence, second-rate, unqualified individuals are not only in readiness but are usually applying for appointments to such relatively high positions which results in inefficiency and unsatisfactory work, and does a major damage to the good opinion that should be had by the public of such positions.

It is appreciated that these ideas pertain particularly to cases of the insanity defense plea. The same principles are applicable and advisable in civil cases concerning compensation, disability, will contest, etc.

It is the realization of this Committee that these are highly controversial matters and a complete and thorough discussion is recommended and is expected.

Fifteenth Annual Report of the Cleveland Guidance Center, Cleveland, Ohio.

The report covers the calendar year ending December 31, 1941. The Guidance Center has the benefit of intelligent cooperation of a mental hygiene committee and a board of trustees of the community. Under the able directorship of Dr. Henry C. Schumacher, one of the first men to be trained by the National Committee for Mental Hygiene in work of this kind, the guidance center has become an outstanding clinic service in the country. The source of reference of cases is indicative of the widespread and important influence this center bears upon the social service and medical work of the community. The center is used extensively by the school system, the Children's Bureau, the Humane Society, and the Catholic Charities and to a lesser extent by many other social and charitable agencies. The increasing use of the clinic by physicians and health agencies is a source of satisfaction because of the need of bringing this type of service to general medical work.

The center concentrates upon boys and girls below the age of 18 years in recognition of the greater possibilities for rehabilitation the younger the patient may be. An important feature of the work, however, is that done with delinquent girls over the age of 15 years. The opportunities for rehabilitation are augmented by the fact that by far the larger portion of the cases seen has an Intelligence Quotient between 85 and 110. The nativity of the patients seen at this clinic is considerably higher than is to be noted in the New York City clinics.

Sex delinquency is noticeably small as compared with truancy and disobedience. Aggressive trends and hyperactivity are notable features among the personality disorders. Such traits as sensitiveness and shyness are rarely encountered in comparison with children who would appear before a clinic of this kind, say ten years or so ago. The relatively great importance attached to aggressiveness and extroversion by the modern social setup is reflected in activities of these traits as seen by clinics of this nature.

Perhaps the most important aspect of the clinic is the time devoted by the professional staff for interviews. The impression is given by the report that intensive study of a relatively few cases is the objective of the center.

ANNUAL REPORT OF THE PSYCHIATRIC CLINIC, COURT OF GENERAL SESSIONS, NEW YORK CITY.

The report which is almost entirely statistical covers the usual categorical data but has several high lights which are worthy of special notice. The total examinations made for the calendar year 1941 at this Clinic was 2,669. The increasing number of negroes examined in the clinics is perhaps the outstanding feature, comprising about 40% of the total examinations made. This is a distinct rise over previous ratios. About 45% of the total examinations include offenders under the age of 25 which, of course, is consistent with general trends which have been in force for a number of years. Exclusive of the United tates, the greatest number of foreign-born offenders was from Porto Rico. This is in line with the marked influx of South Americans and especially Porto Ricans in the Harlem District of New York City. There has been a steadily-rising increase in delinquency in this particular group over previous years. The number of Russian-born was a poor second. The unskilled occupational group continues to rate high in incidence and no great changes over previous years have been shown in this respect. Offenses against property continue to remain high but there seems to be an increasing tendency also toward offenses against person, particularly assault. This has been due, in part, to the increasing colored population. The small incidence of mental defectiveness indicated by the findings of the clinic is considerably out of line with the findings of other clinics and does not seem to be consistent with the fact that such a large number of the colored population, evidently of the drifting, irresponsible type, appeared at the clinic.

The Bellevue Adult Scale (sometimes referred to as the Wechsler Bellevue Scale) has been especially devised for this clinic and has been used widely throughout New York City since all offenders in New York City are referred to the clinic for examination. The use of this test by other correctional agencies particularly the prisons of the State has been advocated but has not come into effect at the present writing. The test seems to correlate closely with the Stanford-Binet test and includes the advantages of rating performance, as well as native intelligence.

With respect to the classifications used in arriving at personality diagnosis, the psychopaths incarcerated for drug addiction are quite high as would be expected in a metropolitan center. This is capable of further breakdown, of course, since drug addiction is a particular method of expression of personality difficulties and not the personality itself. The schizoid types and chronic alcoholics were most frequently noted. Among the female offenders those adjusted to low cultural levels were relatively high in incidence. The immature types, inadequates and those requiring personality adjustments ranked highest among the male population. Cerebrospinal syphilis had an unusually high incidence among those examined. From a physical point of view, rheumatic heart disease and dental troubles led all other defects.

Some readjustment of the professional personnel of the clinic has taken place within the past few months. The clinic has moved from its old quarters in the Criminal Court Building to its new quarters across the street and has now one of the best clinical setups to be noted anywhere in the country. The work of this clinic will be watched with increasing increasing interest due to its tremendously important situation as the largest clinic of its kind, perhaps in the world.

CULTURE CONFLICT AND CRIME. By THORSTEN SELLIN. A Report of the Subcommittee on Delinquency of the Committee on Personality and Culture. Bulletin 41, 1938. Social Science Research Council, N. Y. $1.00.

Criminology today consists of a confused mass of information, a conglomeration of research and theories of varying complexity, all of which have no binding relationship to each other and which cannot be all vitally significant. Criminology represents the efforts of psychologists who always remain psychologists primarily, educators who are teachers first, psychiatrists, whose first interest is in abnormal behavior and sociologists to whom the community is all important. For the

last few years, the great bulk of research in the field has consisted almost entirely of detailed elaboration and extension of already established procedures, therefore failing to produce any significant advances or to add materially to our knowledge of the criminal.

Before rapid strides may be achieved in criminology, the ground must be cleared and the foundation laid for a clear statement of pregnant procedures and primary principles. Professor Sellin has carried through the most useful task of setting down a definite framework for a fruitful approach to the field.

To cast criminology in the image of science necessitates an analysis of the principles of the scientific method, which analysis, Sellin develops very skillfully. Since human behavior consists of observable facts, scientific methods of study may be used. Although the generalizations or laws resulting from the use of the scientific method in the field of human behavior must be expressed in terms of probability, this is characteristic of all science to a smaller or larger degree.

Application of the primary research tool, the scientific method, to the study of social and psychological facts is the only approach which will secure for man some understanding, and ultimately, control of this area. In the past, the subject matter of criminology has been defined arbitrarily by law, which delimitation of the field is not intrinsic to the nature of the subject, especially so since criminal law changes with time. Therefore, Sellin states, "The unqualified acceptance of the legal definitions of the basic units or elements of criminological inquiry violates a fundamental criterion of science. The scientist must have freedom to define his own terms, based on the intrinsic character of his material and designating properties in that material which are assumed to be universal." In other words, applying scientific criteria to the selection and grouping of data about crime and criminals must be done independent of their legal form.

Demonstrating that the personality of an individual is produced by the interactions of his biological make-up with the social environment into which he is born and in the midst of which he grows up, therefore it follows that all conduct or behavior is socially conditioned. The rules representing the social attitude of the group toward conduct under particular circumstances are called conduct norms. Instead of speaking of anti-social conduct, it is best to speak of abnormal conduct, that is, conduct deviating from a conduct norm. The criminal law itself is simply the "conduct code of the political group . . . (which) . . . contains a large number of conduct norms . . . and specifies penalties for violation."

Defining the group resistance to violation of a norm as the resistance potential of the conduct norm, criminology should study not the label per se of the particular crime committed, but rather the meaning of the crime to the violator. "Ultimately," Sellin believes, "science must be able to state that if a person with a certain personality element in a certain configuration happens to be placed in a certain typical life situation, he will probably react in a certain manner, whether the law punishes this response as a crime or tolerates it as unimportant."

Sellin conceives of culture conflicts as occurring in one of two ways. First, as a product of the rise of our industrial culture. With multitudinous social groups, competing interests, poorly defined relationships among people together with a confusion of norms rising from the aforementioned conditions, behavior violating the norms of one of the social groups concerned occurs frequently

Second, culture conflicts may arise as the result of conflicts of cultural codes when, as for example, immigrants arrive in the United States or a country extends its laws to conquered territory.

The usefulness of Sellin's approach is evidenced by the multiplicity of research possibilities rising from the conception of criminal behavior as resulting from the conflict of conduct norms. Sellin has laid the basis for tremendously productive research which will do much to systematize criminology and make possible the existance of criminology as a science leading to a structure of scientific knowledge concerning the causation of criminal behavior and the processes of the culture involved in the making and execution of laws. Jack Schuyler

Book Reviews

SEX VARIANTS. A STUDY OF HOMOSEXUAL PATTERNS. GEORGE H. HENRY, M. D. 2 *Vols. Paul H. Hoeber, Inc., New York,* 1941. *XXI* + 1179 *pp. Price* $12.50.

The two cultural strands of hellenism and hebraism which run through our modern civilization and profoundly influence its moral and penal code (whose very justification has now been called in question) have left their impress on the sexual practices and conventions of today. Sodom and Lesbos (familiar from the customs associated with them) respectively emphasize the diverse attitudes of the two ethical systems, ages of tolerance and intolerance and bear witness to the antiquity of this dual problem of the sexes, also the social phases through which the experience phases. The periodic heresy hunts and crime drives by inquisitions throughout the ages against abnormalities in sexual behavior (one such gave rise to this book) are of interest to sociologists as part of the recurring phenomena of social catharsis from a moral repugnance as old as Man. They have at any rate served to perpetuate the myth of the perfect male and perfect female (made in the image of a diune god) and any who varied in a physical sense have been frowned upon as freaks. Unfortunately no parallel formation of attributes of masculinity and femininity exist for the psychological sphere where the vicissitudes of evolution of the sexual instinct in an individual are indefinitely more complex than those of his body.

It is, therefore, with considerable anticipation that we approach a thesis devoted to this theme of psychosexual variancy and in this we are not disappointed. The work under consideration offers detailed cases of study of 80 individuals aided by all the physical measures of a modern clinic. It provides a most useful documentary both to the beliefs, attitudes and fantastications of the mind involved in sexual conflict from environmental cause and to the end products of its striving to attain stability and satisfaction (in a diverse practices) or at least an appeasement of the instinctual forces at work. The thesis does not attempt to examine these sources. It thus tends to throw more light on the resultants of pathological frustration and regression than on origins of the homosexual impulse in general. It leaves the question open as to the signification of the aberrancies on record.

The format achieves a commendable uniformity in discussing a bisexual, homosexual and narcissistic series in separate section preceded by a marginal summary of the factual history of each case. As told by himself, this personal history looms largest in the context. The author's own "impressions" are left to an appendix tersely expressed in five pages, to be followed by others on pelvic measurement, gynecological factors (with drawings), anthropological data (with illustrative photographs) and the findings as to masculinity-feminity on the Terman Miles attitude test. Thus, the basic set-up of this survey is strongest on its purely physical and social aspects and distinctly less illuminating on the psychiatric side unless the reader is well acquainted with interpreting this class of material. The effect is bewildering owing to the wealth of detail and the paucity of correlation, for the author restricts himself to statement and impression, comment and resumé. A single interview suffices apparently to secure (with the encouragement of question or questionnaire) the life story, and social service elicits the Family Background.

The handling and presentation gives no hint as to depth of understanding and no insight into purely personal motivation where complex unconscious factors would seem to be at work. The limitations of the case study preclude any such research yet valuable indications would probably be forthcoming. Undue stress appears to be placed on the genealogical survey for evidence of social maladjustment though

there is no proof that such features are peculiar to variants nor in any case in keeping with the subsequent statement that the variant does not reproduce himself. The other examinations (semen, skull, x-ray or pelvimetry) do not explain basic behavior drives but show the pattern set for adaptative tendencies.

The reading is hampered by lack of definition of psychological terms employed (for their use does not always correspond to that of their source). Though the Language of Homosexuality, the peculiar argot employed by the "set" received adequate consideration in separate appendices, thus we find words like "eroticism, sadism, free-association, compulsive narcissm," etc., apparently borrowed from analysis but bearing little relation in their technical sense; e.g. Oral eroticism is here the practice of inserting any part into the mouth and in the case of the term "sadism" no indication is given of its urethral, anal or oral character (yet some of these cases were stammerers and enuretics). No use is made of internal evidence unwittingly provided. The further sublimation of instinct with its influence on overt homosexuality is not under consideration yet from the style employed and the very language in which it is couched, the patient's narrative quite apart from its internal content often bears unmistakable evidence of anal erotism or urethral sadism. A certain sameness attached to these documentaries which seem to have served private ends of assault, exhibitionism, masochistic gratification, etc. In every case the psychosexual evolution seems worthy of inquiry.

The tolerance encouragement or condemnation of its variants by a society may be measured by its own strength and cohesion in any age, and we need to know how far recurrent conflicts and upheavals, heresy hunts and crime waves are themselves the results of more intensive forces in the strained fabric of society, or the effort to redress the balance between overt and manifest homosexuality which is ultimately repressed. It may require a major catastrophe to convulse these dregs of society or help smooth over its sexual discontent.

The reviewer's opinion would limit itself to the following considerations: (a) The historic approach: A study devoted to sexual variancy that appears to leave out of the inquiry the psychosexual development and content of the unconscious life and relies on end products of such dynamic processes in terms of inducted changes mental or organic can hope to throw little light on sexual aberration. Further, this thesis shifting its theme from variations in sexual *aim* to sexual by-products thus becomes involved in discussion of deviation in sexual practice more properly belonging to the field of the perversions.

(b) The limits of documentary validity where the subject's secondary motives are involved; e.g. mechanisms of displacement and projections or reaction formations. It is influences rather of *repressed* and not overt homosexuality which need evalution; i. e. the resultants of parasitic conflicts aroused within which effect clinical expression for much of the over-elaboration and sensationalism here employed by the subject (commonplace of the analytic session) needs to be discounted. From internal evidence, the subjects are chronic alcoholics, drug addicts, paranoidal or neurotically sick in some instances.

(c)The effects of therapy (other than endocrine) on these maladjustments and modes of conflict settlement are not indicated but might serve to determine the fictitious element in variancy, the place of frustration and regression and the chances of a return to "normalcy" (even granted a "constitutional" factor).

(d) The theoretical implications of modern psychology are not introduced; e. g. theories of infantile sexuality and Jung's anima concepts or Adlerian mechanisms find no reference here nor the significance of unconscious identifications. The presentation while "keeping to the facts" and eschewing interpretation seems uninspired by such work.

(e) The limits set in reasonable correlation of findings for orientation of the reader by paucity of interpretations given through a third volume is promised. The "Impressions" in the appendix do not fit the data provided amid this monumental task of accumulated detail and leave the main topic no nearer solution.

D. L. Goitein, M. D.
Woodbourne, N. Y.

CRIMINOLOGY. DONALD R. TAFT, PROFESSOR OF SOCIOLOGY, UNIVERSITY OF ILLINOIS. *The MacMillan Co.*, 1942. vii + 707 *pages.* $5.00.

This current textbook by Mr. Taft is unique inasmuch as it is not just another textbook on criminology. It is not just a collection of facts nor a mere interpretation of statistics, but it does incorporate the best features of both methods which has resulted in a book that meets the needs of both the students of criminology and the casual reader who is seeking information. Perhaps the outstanding characteristic of the book is that it assumes that criminals are products, and a great deal of evidence is given to substantiate this assumption. In keeping with this, the author consistently attempts to work out the implication of the apparent fact that offenders are the result of the various social and hereditary phenomena that form themselves into a pattern that we know as personality. This will undoubtedly cause or create considerable discussion, but Mr. Taft has very ably presented his material which is the result of over twenty years of research.

The contents are divided into four subdivisions, each dealing with a specific phase of criminology, beginning with the nature and significance of crime, statistics and the historical development of criminological thought, together with the modern approaches and methods. This able introduction is written in a very orderly, readable and factual manner, which is, except for rare exceptions, devoid of laborious tables.

Part Two is given to a comprehensive review of the causations of criminal behavior as we understand it. Factual data indicates as far as possible the explanation of crime. Careful consideration is given to the relationship of personality traits and crime. A summary of the outstanding theories regarding this subject is well presented. After introducing these theories, the author gives his own conclusions, which have been arrived at through his own studies and experience. Following a series of chapters on the negro and crime, immigration and crime, effective economic conditions on crime and the other related subjects including religion, alcohol, sex and the newspapers, the author concludes Part Two with a very enlightening and thought provoking chapter on the tentative conclusions and implications of criminology. Although he admits that present day criminology presents no final conclusion, Mr. Taft states that "The more one studies crime, the more he tentatively concludes that crime is a natural phenomena —that the criminal is a product." In support of this idea consideration is given to background, out of which criminal logic processes develop, the significance of responsibility in criminology, and the evidence borne against determination and free will in criminal behavior.

The author states there is no inconsistency in finding a criminal the product of his past, but at the same time leading him to further anti-social activities. The reader will be interested in studying an illustration which depicts five levels of crime, namely, the criminal in action, treatment after capture, juvenile delinquency, prevention, and research.

Closely following the section on the explanation of crime is a highly interesting part devoted to the treatment of the adult criminal. This deals with the historical development of punishment, leading up to the present day philosophy of penal treatment policy. The significance of modern trends in criminal law as related to the police and criminal investigation, jails and courts, provides the reader with an up-to-the-minute account of the progress, past, present and future, of the criminal logic subdivisions. The author takes the reader through successive stages of penology, beginning with a chapter on the history of prisons, and concluding with a discussion on release methods and procedures. Between these two is a comprehensive and detailed presentation of prison life, dealing with prison education, classification and case work, labor, and social and recreational activities. Particularly significant are the many illustrations which indicate the different types of penal construction and treatment.

The author concludes this book with a series of chapters on the treatment of juvenile delinquency and crime prevention. Progressive methods of dealing with juvenile delinquency are portrayed and considerable space is devoted to child guid-

ance clinics, and the part that the schools play in molding and developing of character education. Crime prevention begins with the education of the potential parent, which begins with young people of the high school or college level. Such education, it is stated, will greatly alleviate the work that is now done by the Family Relation and Juvenile courts. Other methods of crime prevention are given, which show the need for neighborhood clubs, recreational activities, and the need for organized play.

A timely chapter concludes the book, which is entitled "The Criminal Nation." An attempt is made to compare the causes of crime with the causes of war, which result in a fascinating parallel. The author believes that war and crime are products of very similar social forces and parts of a common conflict process. It is felt that to prevent the crime of war as well as to prevent most individual crimes the universal needs of all people must be met rather than punitive discrimination between supposedly criminal and non-criminal nations.

It is believed that this book will enjoy great popularity among the students of criminology, not only for its able presentation of material but because of its valuable references which follow most of the chapters and are contained in the footnotes. The text is highly recommended to all individuals who wish to be informed on this important subject.

William G. Rose.

CRIMINAL YOUTH AND THE BORSTAL SYSTEM. By WILLIAM HEALY AND BENEDICT S. ALPER. *New York: The Commonwealth Fund.* 1941. vi † pp. 243. $1.50.

It has been long noted that there is a definite need for a change in the treatment used at present in dealing with our youthful offenders. The tremendous upsurge of criminality in youth can be attributed to many factors, but up to the present time no definite method has been established to eliminate or even to greatly decrease the number of crimes committed by youth or the number of offenders involved. Doctor Healy and Mr. Alper ably portray to the readers the present deficiencies of our reformatory system, and in a startling array of statistical studies show how inefficient our present system is.

This study of the Borstal System, which is the English method of dealing with youthful offenders, is particularly timely, since many states have before their legislatures copies of the Youth Correction Authority Act which has been recommended by the American Law Institute. This Act embodies many features of individualization of treatment, highly trained personnel, and a thorough and accurate system of parole followup, which are the keystones on which the Borstal System of England is set up.

The authors begin their study of the Borstal System in 1894, when it was founded on a report of a departmental committee on prisons which was appointed by the Home Secretary to inquire into the administration of English prisons. From a meager beginning, the system has been improved and refined until in 1939 there were over 2,200 inmates committed to these institutions.

The reader is given an intimate account of why offenders are sentenced or committed to the Borstal institutions, as well as given a graphic picture of the general principles involved in Borstal training. Discipline is only one of the many factors involved in this training. Attempts are made to encourage steady work habits, for making headway and progress in any undertaking whether or not it be work or sport, inter-personal relationship, and the correcting of the deficiencies and lacks which individual boys bring with them from the outside world.

Considerable discussion of the personnel is taken up by the authors. It is recognized that success or failure depends upon the background, training, and the perspective of the headmasters and governors. Although one-half of the men in the Borstal System are college graduates, this is not a prerequisite to employment. The system attempts to secure men of diversified experience and leadership ability.

Considerable space is devoted to the training program and presented in detail is the daily routine which includes the academic training available, trade training,

wage system, and a particularly interesting discourse on discipline. All boys, with the exception of those in the disciplinarian group, are paid for their work.

In keeping with the crime preventive ideals of this system the relationship of the inmates with the home and community is not forgotten. Adequate provisions are made for frequent correspondence between a boy and his parents, and arrangements are made for periodic visits. In certain Borstals arrangements are made for attendance in nearby theatres under the supervision of a housemaster. In one particular case part of the inmate body was enrolled in evening classes in a nearby town. The Borstal-community attitude is considered an integral part of the entire system. Although this is a marked departure from the reformatory system as we know it, it has definitely proved the possibility of a close relationship between institutions in a community and the value of such a relationship.

The success of the entire system and the control of recidivism of its graduates is dependent to a large extent upon the release and after care. Supervision is given released men by associations, which are comprised of community leaders and socially minded individuals in the various communities where the men are paroled. These carefully selected individuals quite outnumber the number of probation officers who are specially appointed by the Borstal Association (the paroling authority) to assist in supervision. Home contacts far outnumber office visits in the supervision of released men since it is considered much better to have the parole agent meet the boys outside rather than to have many of them appearing in the central office. The Army and Navy will accept the boys after they have been on parole for a year.

In conclusion, the authors present an evaluation of the Borstal System. It is rather difficult to interpret the statistics regarding the successes, but it can be more or less definitely stated that about 55% of the releases are successful compared to 21% under the American system. In defense of the high percentage of successes it might be stated that the closely knit system of court, police and penal institutions make possible an accuracy regarding criminal careers of offenders that cannot be equaled in this country. One criticism rendered by the authors refers to the period of time under which an offender can be committed to the system, which is a maximum of four years. It is pointed out that it is particularly difficult since the four years is not long enough time especially if an offender is returned for a violation of his parole. However, its many desirable features towards the progressive methods of treatment show clearly the need for a change in our current system.

This book is recommended as a must to all workers in the field of criminality and to progressive students who wish to be informed on this vital subject. A selected bibliography makes possible further followups on the Borstal System to those who are interested.

William G. Rose.

ALCOHOL EXPLORED. H. W. HAGGARD AND E. M. JELLINEK. NEW YORK. *Doubleday Doran and Co.* 297 pp, 942, $2.75.

Alcohol Explored presents the story of alcohol and its physiological, social and economic relationships. It is the third in the *American Association for the Advancement of Science Series*. Its authors are editors of the *Quarterly Journal of Studies on Alcohol* and their authority in this field is readily recognized in the pages of the book.

The book has no new contributions to the study of the problems of alcoholism; rather its function is to explore all results of experiments in alcoholism to date. It serves as a compendium of all the information known to the scientific world today re-interpreted in the language of the layman. The book does not attempt to moralize or preach. Facts are presented as such for whatever deductions the reader wishes to make.

The authors cite the problems of alcoholism; that there are 600,000 chronic alcoholics in this country, moderate users of alcohol have increased, consumers have shifted to beverages of low concentrations

of alcohol, what happens when alcohol is taken into the body, alcohol as a food, *etc.* The physiology of alcoholic beverages is explained in the terms of lack of vitamins in most of the beverages with especial attention called to combinations of disease causes by deficiencies in the vitamin B Complex. Thus, alcohol is released from the onus of being a cause for heart disease, cirrhosis of the liver, *etc.* The diet deficiencies caused by excessive alcoholism are indicated. The sensory perception failures under the influence of alcohol and the decline of efficiency and impairment in fine coordination in reaction time are indicated.

A history of the treatment of inebriety culminating in the present method of treating alcoholics by the "conditional-reflex" method is presented. A nauseating drug is administered at the time alcohol is used; it is not given with non-alcoholic beverages. The unpleasant sensation of vomiting is associated with alcoholic beverages and not with others.

Of particular interest is the chapter on alcoholic mental diseases. Schizophrenia with its common mental disorder of a splitting of the personality is now diagnosed by the psychiatrists as the underlying cause of drinking and inebriety is no longer considered the dominating feature. Delirum tremens, the most common true alcoholic mental disorder, is found to occur in only 4% of the heavy drinkers and is of brief duration. And the famous "pink elephant" was seen by only one patient of 68 patients whose "animals" were tabulated at the Boston Psychopathic Hospital. Auditory, visual, and occupational hallucinations are present and disorientation for space, time, and person results. Korsakoff's psychosis is referred to and this mental disease as well as delirium tremens and acute alcoholic hallucinosis are shown to have the characteristic of no damage or change in the brain. However, a definite brain disease occurs in chronic alcoholics which results primarily from vitamin deficiencies and alcohol is secondary, hence these cases of brain disease cannot be refered to as alcoholic psychoses.

In "The Outlook" the authors feel that the educational program as compelled by law in 46 of the 48 states is given in a perfunctory manner and on an emotional basis rather than in presenting the material for teaching in a scientific manner. Educational, social, medical, and legislature measures can only be regarded as temporary. However they can and do produce results and must serve until a better answer is found.

Alcohol Explored is written in a dispassionate manner. It is read easily and quickly. Its appeal for the dissemination of the real facts about alcohol is justly made at the conclusion after all the information is presented. The book should prove of value to any layman interested in the scientific aspects of the problem.

Considering the numerous articles appearing in the professional journals on the subject of alcoholism one wonders whether the list of selected references is not limited.

Chester D. Owens,
Woodbourne, New York.

PUNISHMENT AND SOCIAL STRUCTURE. GEO. RUSCHE AND OTTO KIRKSCHEIMER. *Columbia University Press, New York,* 1939. XV—268 pages. Price $2.00.

This study by emigre German scholars, succinctly attempts, with the aid of 30 statistical tables and fairly extensive annotations, an historic survey of changing modes of punishment meted out by society on its transgressors, of its relevance to the socio-economic structure, with the reasons adduced in every age for its perpetuation. The authors believe such justification to be a social fiction to explain an underlying relationship of segregation to the laws of the Labor Market.

The balance of opinion in corrective philosophy hangs between keeping men purposely idle and working them slavishly to reimburse the society they have wronged. No agreed views obtain as to what constitutes "wrong." It is a broad picture of changing social attitudes and of increasing complexities in social structure which the authors have presented by way

of back-cloth for fashions in crime, resultant of these social processes. The thesis would seem to be addressed more to penologists than to students of social theory: it contents itself with descriptive relationships, though the chapter of Dr. Kirscheimer devoted to penal policy under fascism permits itself more latitude.

The history of the changing machinery of punishment in Europe is always a reflection of the temper of the age, itself the product of economic considerations. Only secondary are the motives of exploitation and punishment, superiority and revenge, private self-interest and rehabilitation, desire for enlightenment and real reform. Throughout history, the use of cheap and ready man-power could not be overlooked and every corrective system had its justification on penal, religious or mercenary grounds. Grouped as gangs or slaves, colonists or factory "hands," the delinquent ranked with prisoners of war as fair gain for new captors. Indeed, at one period in Spain "prizes were offered to encourage the importing of more convicts."

The discipline of the Church set a pattern for lay practice in correction, but the market was soon the dominant factor. A changing attitude from retribution to one of contribution to society was imposed by the State's mercantilist program until rebellion and revolution put a code of justice once more into bourgeois hands, when moral considerations and clemency prevailed. The effect of the Industrial Revolution was to change their character from correction houses to hives of profit, a setback from the period of the Reformation when a humanized culture flourished, though Germany preserved some of its idealism and a sense of abstract Justice, with rigid exclusion of any teleological note. The use of colonies as dumping grounds of a new slavery favored certain nations, and typifies the early years of last century. Economic conditions reduced their pioneer utility and a new aristocracy of "free colonists" forced the mother country to draw on its surplus market.

The conditions inside prisons are not intelligently related to those outside, but the physical and moral effects of solitary confinement (as a futile system) are most temperately indicated. *The attempt to impose the rule of the cloister only rationalizes a universal indifference to rehabilitation needs; it is failure precisely because the motives of society are omitted.*

Prison reforms are discussed in the fight of their statistical results i.e. reduction in crime, though official figures thus badly presented require guarded interpretation. They reflect fashions in punitive approach, but the usual limitations to far-sighted constructive schemes are vested interests in labor, obsolescence of control machinery, parsimony and indiffernce. The real causal factors are overlooked.

Elimination of social defection is attempted by setting up social distance (transportation), then local incarceration and finally penalizing by the fine, until the "secondary gain" derived from services or ransom moneys (fines) itself becomes a determinant; offset only in the lower strata, whose dependents would otherwise become a burden to Society.

There are next taken seriatim types of crime e. g. public and private violence larcency and offenses against sexual liberty. These are examined for England and France, Italy and Germany between 1911 and 1935, and the directional swing in prevention noted. There is no manifest improvement with leniency in sentence, yet shorter terms were in vogue before World War 1. It is inflation and crises that aggravate the picture and severer punitive measures follow in an effort to catch up. The policy is revised from social necessity.

The authors maintain that the published convictions of delinquents are a sensitive index rather of the socio-political firmness operating from above than proof of any increased criminality from below; thus an amnesty in Italy might change the picture by 25% in one year. In either instance, punishment as such has no influence on the crime-rate, as Ferri established at the end of the last century, for the social causes operative are not affected by any fashions in retribution. The authors might have added that the balance of instinctual elements that determine the stability or lawlessness of society play a large part in behavior manifestations, and the social index of increases (say in church

building), divorce rate and arson may be most significant.

The criteria used and the policies operative are a function of the vindictive machinery of a culture and must, in the last analysis, be based on value judgments influenced by the political coloring of the day.

Little attempt is made in this work to enter into the causes back of this seeming correlation of evolving modes of penology with changes in social structure: what are the stresses in its fabric and why its penal philosophy is ordained. Is it by virtue of some common bond and motive? e.g. the periods of social acquisitiveness or stabilization, enlargement or idealism, severity or generosity are movements which nicely illustrate Freudian and Adlerian unconscious mechanisms on which the authors are silent; yet the reification tendency in Societal conduct is frequently invoked in this thesis. On the whole it is a temperate evaluation of the origins of the American system and the lines of cleavage between old world and new.

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